



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

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Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



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Wash. D.C. Area 366-0123

DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-94-D-27058
Case DSI-96-AB-14

1997

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16. Abstract This case was initiated in response to a report of airbag-related serious head injuries to a child in the right front passenger seat. The case is being handled as a remote investigation. This collision occurred during 1996 at 1245 hours in the state of Vehicle 1, a 1996 Ford Escort station wagon driven by a 40-year-old male, was pulling into a residence driveway. The right front seat was occupied by a 38-year-old female. A 7-month-old female was initially seated in a child seat in the rear seating area, but became fidgety and was removed from the seat and was now seated in the lap of the right front occupant. The right front occupant was using the automatic shoulder harness, but not the lap belt. The driver of Vehicle 1 became confused while entering the driveway and stepped on the accelerator instead of the brake. Vehicle 1 accelerated forward and struck the corner of a house. Vehicle 1 sustained a delta v of 20 km/h (12 MPH). Both airbags deployed at this time. It appears that the driver braked just prior to impact. The 7-month-old child was flung forward prior to impact and struck the windshield with her head. She sustained a skull fracture, bilateral subdural hematomas, and a tear to the sagittal sinus. She was transported by car to a local hospital and, after becoming lethargic, was transferred by air to a local trauma center. She underwent an operation to relieve pressure on her brain. The procedure was successful and she was released four days after the accident. Vehicle 1 was towed from the scene due to damage. It was inspected at a local body shop and will be repaired.			
17. Key Words Air bag, deployment, injury, accident		18. Distribution Statement	
19. Security Classif. (of this report)	20. Security Classif. (of this page)	21. No of pages	22. Price

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-D-27058
CASE NUMBER: Case DSI-96-AB-14

This case was initiated in response to a report of airbag-related serious head injuries to a child in the right front passenger seat. The case is being handled as a remote investigation.

This collision occurred during 1996 at 1245 hours in the state of

Vehicle 1, a 1996 Ford Escort station wagon driven by a 40-year-old male, was pulling into a residence driveway. The right front seat was occupied by a 38-year-old female. A 7-month-old female was initially seated in a child seat in the rear seating area, but became fidgety and was removed from the seat and was subsequently seated in the lap of the right front occupant. The right front occupant was using the automatic shoulder harness, but not the lap belt.

The driver of Vehicle 1 became confused while entering the driveway and stepped on the accelerator instead of the brake. Vehicle 1 accelerated forward and struck the corner of a house. Vehicle 1 sustained a delta v of 20 km/h (12 MPH). Both airbags deployed at this time. It appears that the driver braked just prior to impact.

The 7-month-old child was flung forward prior to impact and struck the windshield with her head. She sustained a skull fracture, bilateral subdural hematomas, and a tear to the sagittal sinus. She was transported by car to a local hospital and, after becoming lethargic, was transferred by air to a local trauma center. She underwent an operation to relieve pressure on her brain. The procedure was successful and she was released four days after the accident.

Vehicle 1 was towed from the scene due to damage. It was inspected at a local body shop and will be repaired.

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The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-96-AB-14

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ACCIDENT DATA:

Location:

Area/Type:

Residential

Date/Time:

1996 / 1245 hours

Accident Type:

Vehicle v. Fixed Object (House)

INJURY SEVERITY:

Vehicle 1

Driver, not injured

Seated R/F occupant, no codeable injuries

Held R/F occupant, AIS=5

AMBIENCE:

Viewing Conditions:

Good

Cloud Cover:

Unknown

Precipitation:

None

Temperature:

6 to -9° C (43 to 14° F)

Road Surface:

Unknown

ROADWAY:

	VEHICLE 1
Type:	Driveway
Width:	(13.8 ft.)
Traffic Density:	None
Median:	None
Edge:	Unknown
Surface:	Unknown
Reported Defects:	None
Co-efficient of Friction (est.):	Unknown
Vertical Alignment:	Unknown
Horizontal Alignment:	Straight

TRAFFIC CONTROLS:

VEHICLE 1

Signals:	None
Signs:	None
Speed Limit:	No statutory limit
Markings:	NA

VEHICLES:**VEHICLE 1**

Description:	1996 Ford Escort Station Wagon
Odometer:	27,305 km (16,967 miles)
Engine:	1.9 L EFI I4
Vehicle Modifications:	None
Tire Condition:	Good
Manual Restraints:	Lap belts at the R/F, L/F, C/R locations. Lap and shoulder belts at the R/R, L/R positions.
Automatic Restraints:	Supplemental Restraint System (driver's and passenger's side air bags). Motorized shoulder belts at the R/F, L/F locations.
Reported Defects:	None
Cargo:	Child seat in rear
Windshield Damage:	Windshield damaged by left hand of Occupant 2 and the head of Occupant 3.
Fleet:	N/A
Tow Status:	Towed, due to damage

VEHICLE DAMAGE:**VEHICLE 1**

Object Struck:	House
Event Number:	01
CDC:	12FZEW2
Maximum Crush:	31.5 cm @ 69.3 cm from right bumper corner

VEHICLE VELOCITY ESTIMATES:**VEHICLE 1**

Impact Speed: (estimated)	20 km/h (12 MPH) based on barrier equivalent speed
Total Delta V:	20 km/h (12 MPH)
Longitudinal Delta V:	-20 km/h (-12 MPH)
Lateral Delta V:	0 km/h (0 MPH)
Energy Dissipation:	20873 joules (15393 Ft-Lb)

COLLISION SEQUENCE:

- Pre-Crash:** Vehicle 1, a 1996 Ford Escort station wagon driven by a 40-year-old male, was pulling into a residence driveway. The right front seat was occupied by a 38-year-old female. A 7-month-old female was initially seated in a child seat in the rear seating area, but became fidgety and was removed from the seat and was subsequently seated in the lap of the right front occupant. The right front occupant was using the automatic shoulder harness, but not the lap belt.
- Crash:** The driver of Vehicle 1 became confused while entering the driveway and stepped on the accelerator instead of the brake. Vehicle 1 accelerated forward and struck the corner of a house. Vehicle 1 sustained a Delta V of 20 km/h (12 MPH). Both airbags deployed at this time. It appears that the driver braked just prior to impact.
- Post Crash:** Vehicle 1 came to rest near the struck house. At some point subsequent to the collision, the vehicle was pushed backwards away from the house.

Occupant**Kinematics:**

The 7-month-old female was seated on the lap of the right front occupant. The right front occupant was wearing the shoulder harness portion of the seatbelt. The child was not restrained. Prior to impact, it appears that the driver braked. The right front occupant went forward. Her left hand was outstretched and she contacted the windshield. The child also went forward and struck the windshield with her head, causing the skull fracture. At deployment, the left hand of the right front occupant was forced to the left, striking the mirror. The airbag appears to have forced the child into the right front occupant, bloodying the nose of the right front occupant.



Figure 1. Hand / head contacts

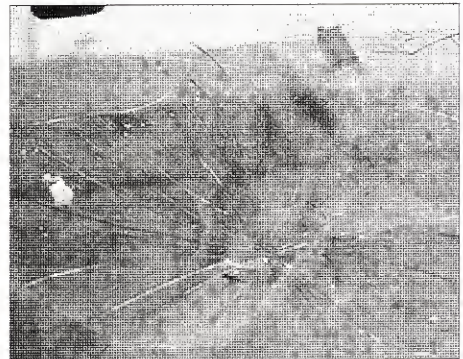


Figure 2. Hand contact, closeup

Airbag System:

Vehicle 1 was equipped with a driver's and passenger's side supplement restraint system. The driver's side, steering wheel mount airbag measures 52 x 60 cm. There are 10 folds in front, 6.5 cm apart. The module cover opens in an "H" pattern. The passenger's side, top/mid mount airbag measures 77 x 80 cm. There are 14 folds, 7 cm apart. The module cover is a single piece and is hinged at the top. There was a small amount of blood on the airbag which likely came from the nose of the right front occupant.

Scene Clearance:

The 7-month-old was knocked unconscious. She was initially taken by car to a local hospital. She had regained consciousness and was crying, but shortly thereafter she became lethargic. A CT scan revealed that she had sustained a large bilateral subdural hematoma, a depressed frontal bone fracture, and a tear of the superior sagittal sinus. She was transported by air to an area trauma center. According to both the driver and the medical records, there were no visible external injuries. She underwent an operation to relieve pressure on the brain, and was hospitalized for a total of 4 days. According to the driver she has not exhibited any adverse

reactions to her injury since her release and seems to be doing fine. The driver was not injured. The right front occupant sustained a bloody nose.

The police were notified 5 hours after the collision. Vehicle 1 was towed from the scene due to damage. It was inspected at a local body shop and will be repaired.

A chronology of accident events follows:

Accident time:	1245
Child arrived at trauma center:	1715
Police notified:	1723
Police arrived on scene:	1734
Child admitted to trauma center:	1858

Safety Standards: There were no violations of Federal Motor Vehicle Safety Standards and Regulations found during the inspection of the case vehicle.

DRIVER AND OTHER OCCUPANTS:**VEHICLE 1**

	DRIVER	OCCUPANT 2
Age/Sex:	40/Male	38/Female
Seated Position:	Left front	Right front
Seat Type:	Bucket	Bucket
Height:	178 cm (70 in.)	168 cm (66 in.)
Weight:	95 kg (210 lbs.)	82 kg (180 lbs.)
Occupation:	Unknown	Unknown
Pre-existing Medical Condition:	NA	NA
Alcohol/Drug Involvement:	None noted	None noted
Driving Experience:	> 20 years	NA
Body Posture:	Normal, upright	Normal, upright
Hand Position:	Both hands on wheel, unknown clock position	Around child
Foot Position:	Initially on brake, then onto accelerator	Both presumably on floor
Restraint Usage:	Automatic shoulder harness in place, unknown if lap belt used	Automatic shoulder harness in place, lap belt not used

DRIVER AND OTHER OCCUPANTS:**VEHICLE 1****Occupant # 3**

Age/Sex:	7 mos./Female
Seated Position:	Right front, on lap of Occupant #2
Seat Type:	Bucket
Height:	70 cm (27.5 in.)
Weight:	7.87 kg (17.3 lbs.)
Occupation:	NA
Pre-existing Medical Condition:	None
Alcohol/Drug Involvement:	NA
Driving Experience:	NA
Body Posture:	Facing forward on lap of Occupant 2
Hand Position:	Unknown
Foot Position:	Unknown
Restraint Usage:	None

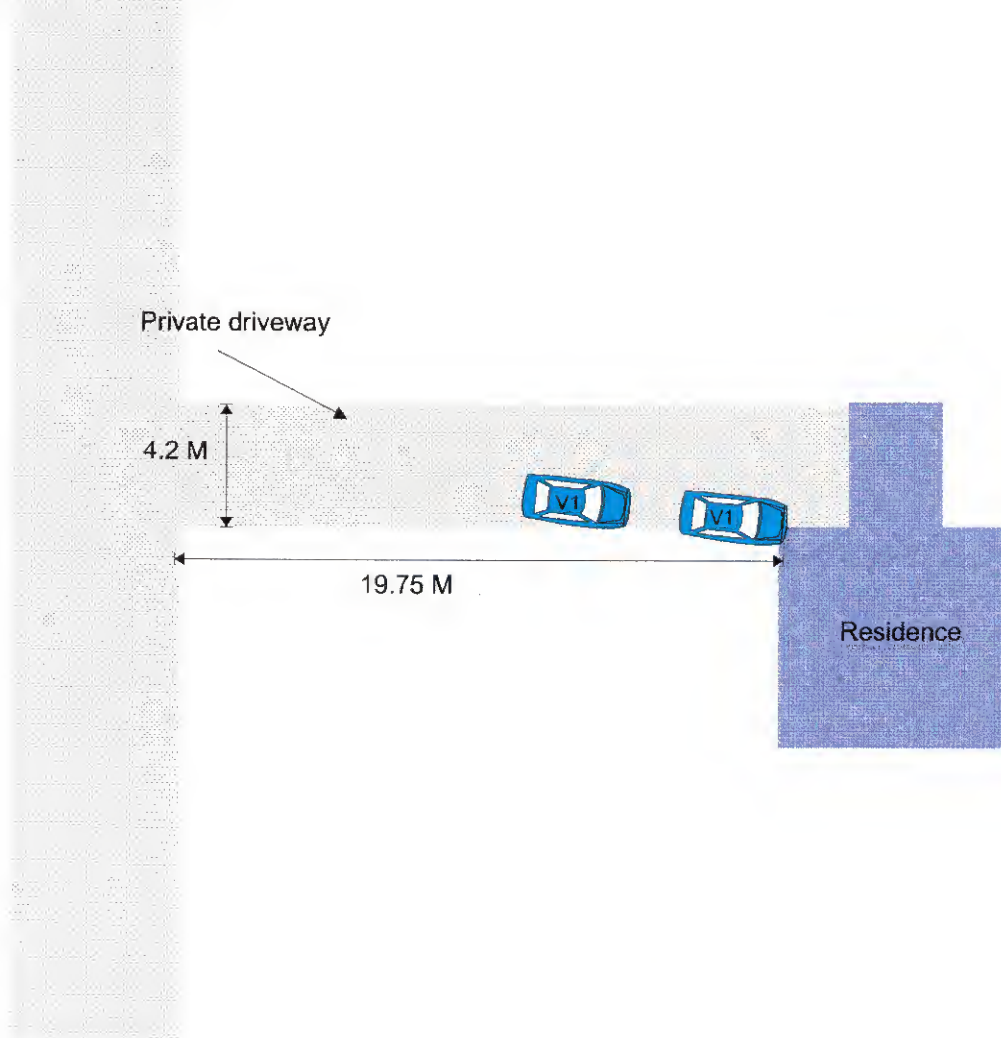
INJURIES:**Vehicle 1**

	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
DRIVER:	Not injured			
R/F OCC:	Not injured			
R/F/ OCC 2:				
Infant occupant	Large bilateral subdural	140654.5,6	801.2	Windshield
seated in lap of	hematoma			
R/F OCC				
	Left frontal depressed skull	150404.3,5	801.2	Windshield
	fracture			
	Torn superior sagittal sinus	122402.2,9	Not listed	Unknown

Abbreviations Used In Scene And Photographic Documentation

ft	Feet
in	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
KG	Kilogram
KPH	Kilometers Per Hour
L/F	Left Front
L/R	Left Rear
M	Meter
N, N/B	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
R/F	Right Front
R/L	Reference Line
RP	Reference Point
R/R	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W	West

SCENE DIAGRAM:



Case Number DSI-96-AB-14

NORTH ↑

Scale: 1"=20'

COLLISION MEASUREMENTS¹

Case Number DSI-96-AB-14

Reference Point: Intercept point between driveway and roadway

Reference Line: North edge of driveway

DATA POINT	LONGITUDINALS	LATERALS
Begin driveway	0	0
End driveway	4.2 M (13.8 ft) SRP	0
Impact point with residence	4.2 M (13.8 ft) SRP	19.75 M (64.8 ft) ERL
Final rest, LR Note: Vehicle pushed away from residence post-crash.	3.6 M (11.8 ft) SRP	15.3 M (50.2 ft) ERL
Final rest, LF	3.9 M (13.1 ft) SRP	17.9 M (58.6 ft) ERL

¹Based on police diagram

PHOTO INDEX

Case No. DSI-96-AB-14

[illegible]











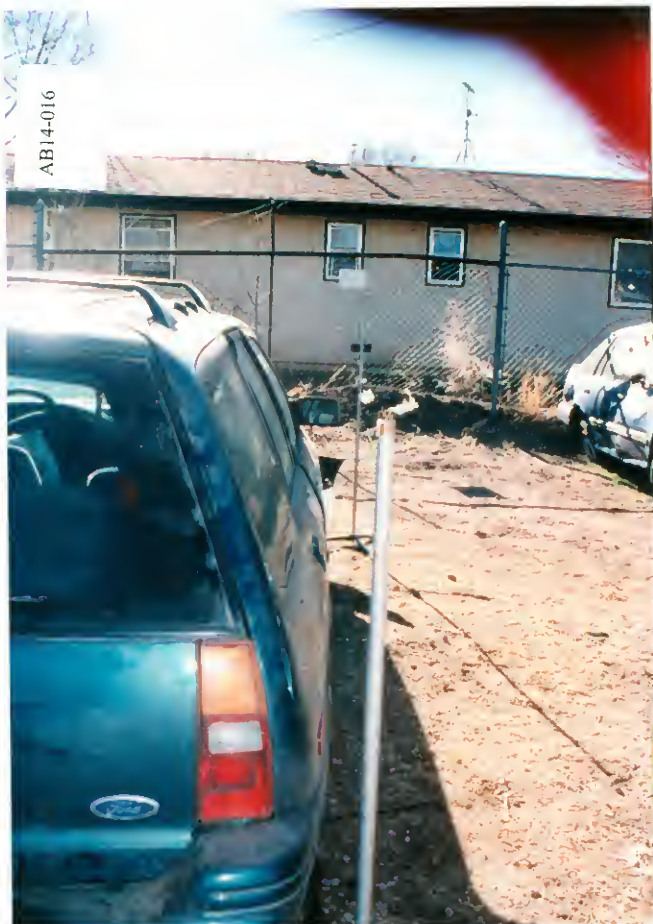




AB14-015



AB14-016









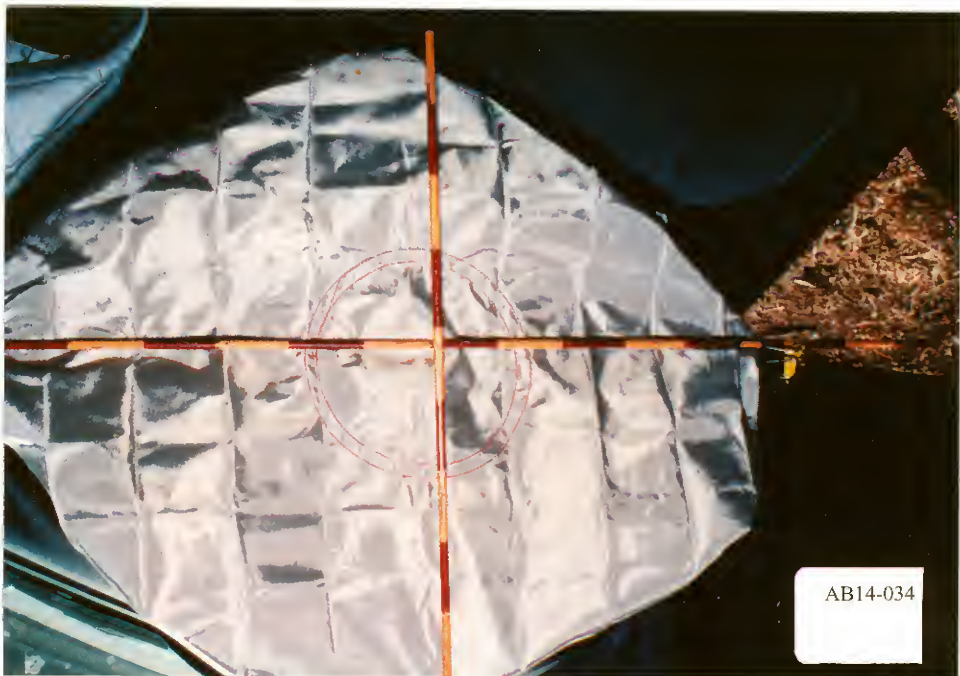
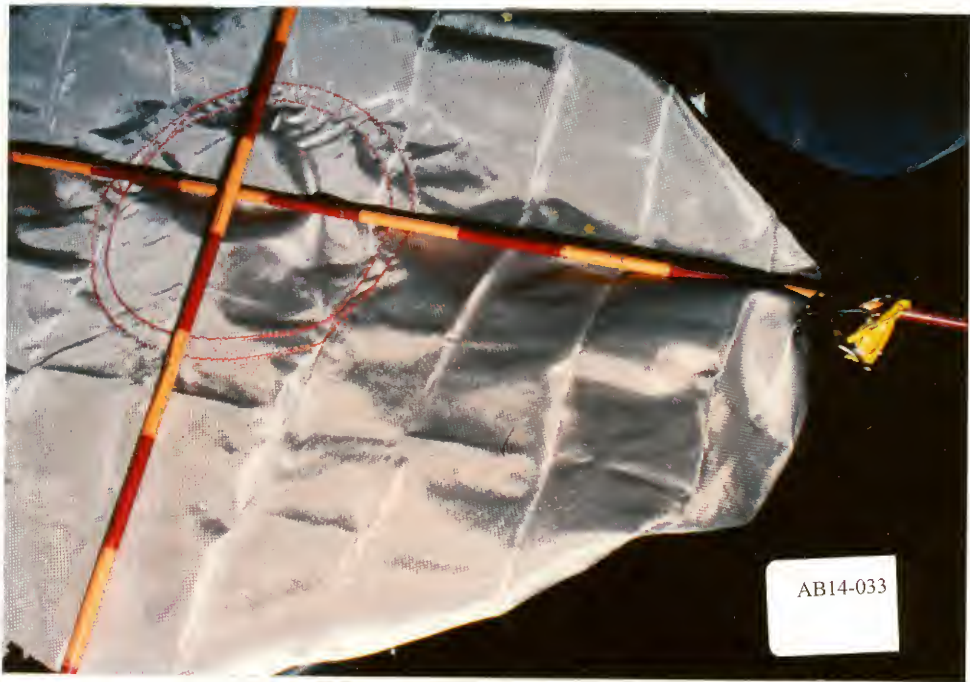










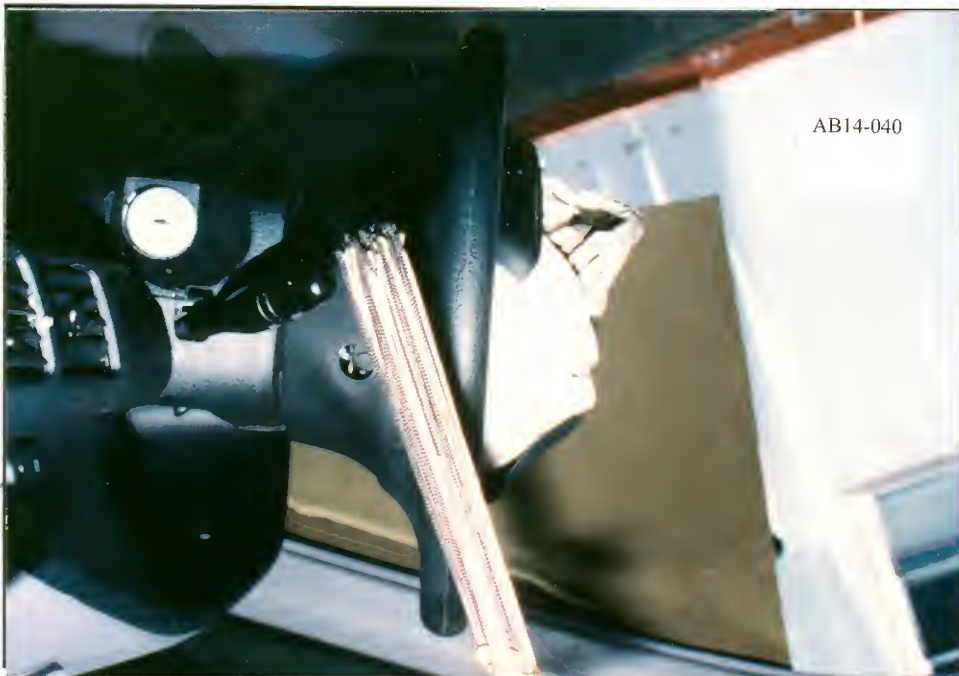






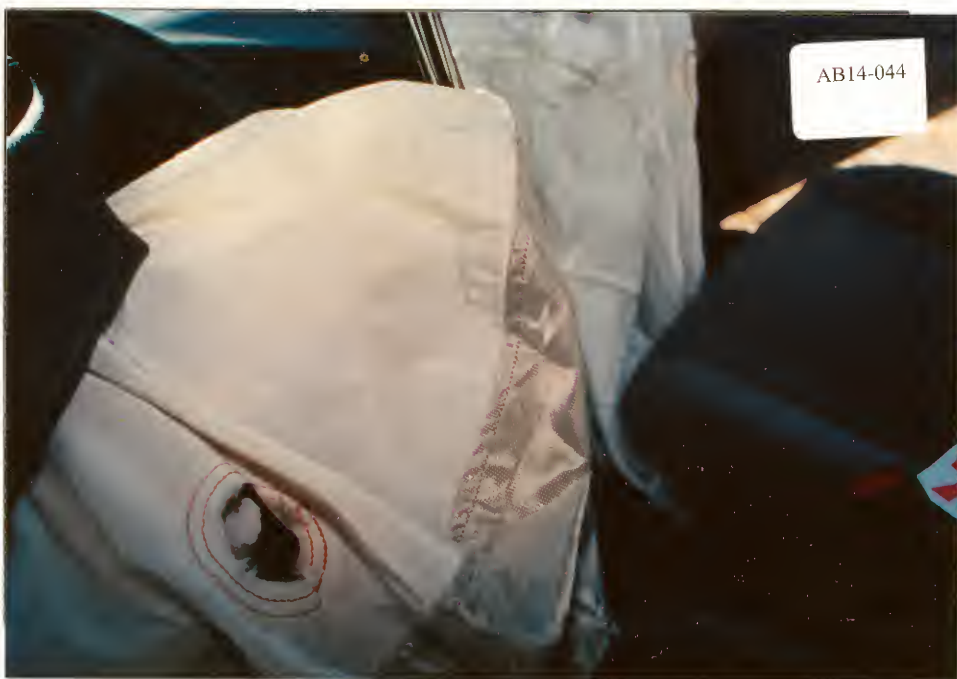


AB14-039



AB14-040











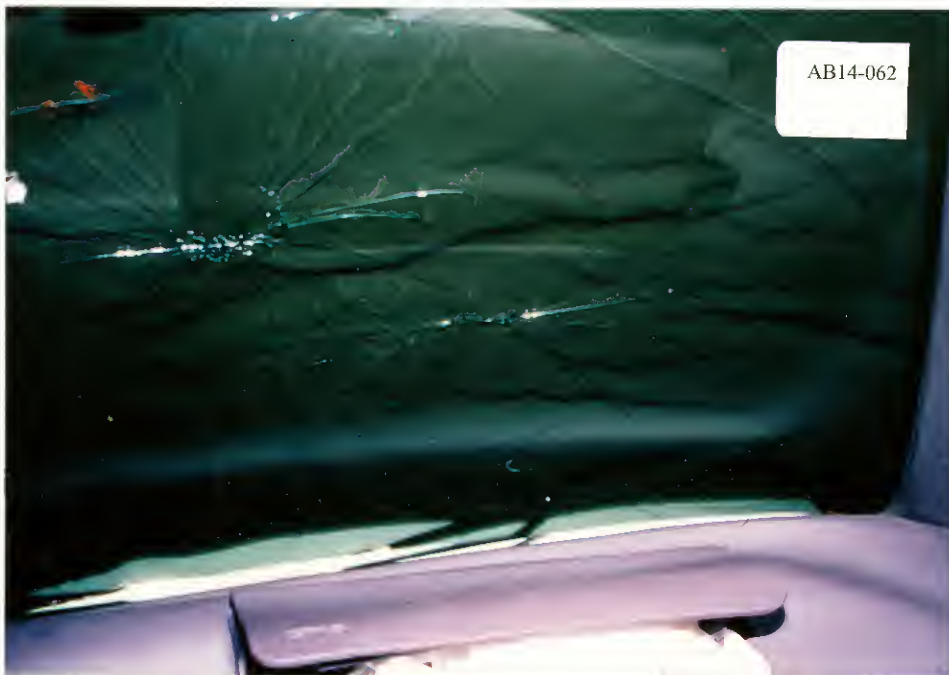




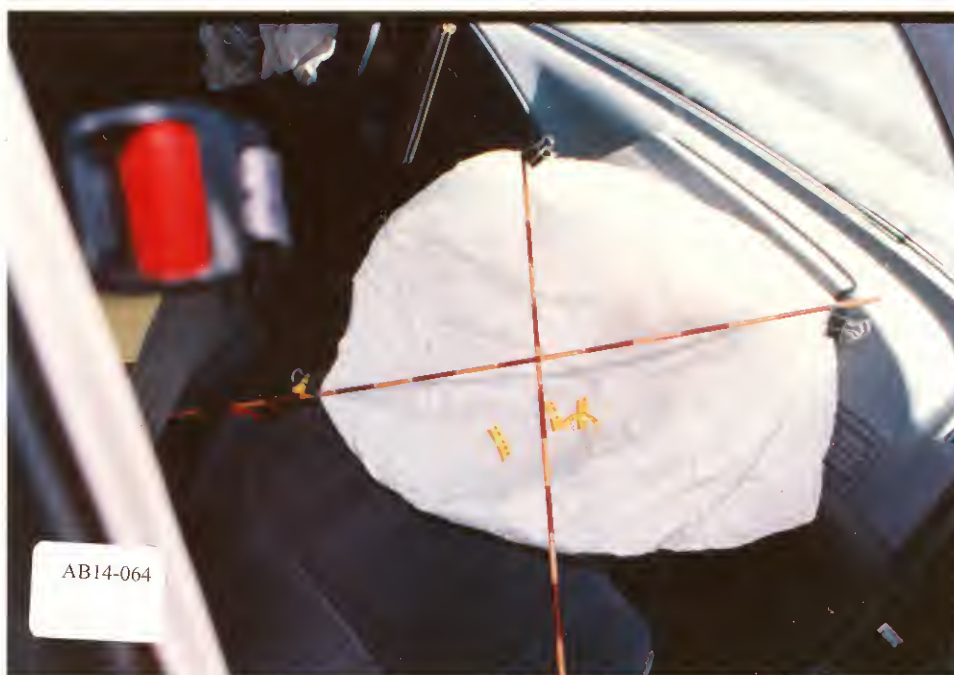








BEST AVAILABLE











COLD REPORT

BEST AVAILABLE

ROAD CODE		DATE OF ACCIDENT		TIME	DAY OF WEEK	CITY SERIAL NUMBER		STATE SERIAL NUMBER			
DATE NOTIFIED OF		TIME	INVESTIGATED AT SCENE		LAW ENFORCEMENT		COUNTY				
DATE ARRIVED AT		TIME	OFFICER		NAME		DETAIL				
DATE REP.		LOCATION ROUTE, STREET, ROAD				OF ROUTE, ST. RD. MILEPOST					
NUMBER KILLED		NUMBER INJURED		MILES FEET N S E W							
PUBLIC PROPERTY		TOTAL VEHICLES	DISTRICT NUMBER	PIOTO TAKEN	RAILROAD CROSSING	CONST ZONE	WILD GAME	PRIVATE PROPERTY	INCOMPLETE REPORT		
VEH #1 OR		PARKED	UNATTENDED	PEDESTRIAN #	VEH #2 OR		PARKED	UNATTENDED	PEDESTRIAN #		
LAST NAME		MI			LAST NAME		FIRST MI				
STREET ADDRESS					STREET ADDRESS		RES PHONE				
CITY		STATE			CITY		STATE ZIP CODE				
UNIVERSITY		STATE SEX			ERLIC NO		STATE SEX DATE OF BIRTH				
VIOLATION CODE(S)		CITATION NUMBER(S)		COMMON CODE(S)	VIOLATION CODE(S)		CITATION NUMBER(S)		COMMON CODE(S)		
YEAR	MAKE	MODEL		YEAR	MAKE	MODEL					
LIC. PLATE NO.	STATE	BODY TYPE	COLOR	LIC. PLATE NO.	STATE	BODY TYPE	COLOR				
VEH IDENT NO.		FIRST MI			VEH OWNER LAST NAME		FIRST MI				
ADDRESS		CITY STATE ZIP CODE			ADDRESS		CITY STATE ZIP CODE				
EXP. DATE		DAMAGE SEVERITY			INS CO		DAMAGE SEVERITY				
20 Undercarriage		1-SLIGHT 2-MODERATE 3-EXTREME			POLICY #		1-SLIGHT 2-MODERATE 3-EXTREME				
VEH # TOWED BY/TO		OWNER OF DAMAGED PROP			VEH # TOWED BY/TO		OWNER OF DAMAGED PROP				
LAST NAME		FIRST MI			LAST NAME		FIRST MI				
ADDRESS		CITY STATE ZIP CODE			ADDRESS		CITY STATE ZIP CODE				
DESCRIBE ACCIDENT											
<p>VEH #1 (HUGGINS) PULLING INTO DRIVEWAY, DISTRACTED BY PASSENGER, DRIVER #1 FOOT SLIPS OFF BRAKE AND ONTO GAS PEDAL; VEH GAINS SPEED AND STRIKES RESIDENCE. JUV. FEMALE IS BEING HELD IN PASSENGER'S ARMS. MOVES FORWARD AND STRIKES WINDSHIELD WITH HEAD. DAMAGE GREATER THAN \$1000. DR. VEH PULLS 15th HIGHWAY FROM HOUSE TO POINT OF REST.</p>											
<p>Diagram is Not To Scale</p>											
VEH #	Pos	Res	Ecl	Inf	Plt	Sto	Trp	Rpl	Age	Sex	Name/Addr
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
1	1	1	2	1					Same As DRIVER		
1	3	1	2	1					37 F		
1	3	2	2	3	1				7mo F		

Invoice
Customer #

Federal I.D.#

Bill To:

Ship To:

Date		Ship Via		Patient Name		Terms	
						DUE UPON RECEIPT	
Purchase Order Number			Order Date		Salesperson		Facility
Qty. Ordered	Shipped	B.O.	Item Number	Description	Tax	Unit Price	Amount
33.000	33.000	0.000	ADDLPGS100	PER PAGE FEE	N	1.00000	33.00
1.000	1.000	0.000	BASERATE	BASE RATE	N	19.00000	19.00
1.000	1.000	0.000	SHIPPING	SHIPPING & HANDLING	N	9.36000	9.36
Keep For Your Records							

Return This Portion with Payment

Your request has been received and the records have been copied.

Invoice
Customer #

is under contract to the health care provider from whom you requested information. Please direct all inquiries or correspondence to:

All accounts past 45 days will be turned to collections with a \$30.00 late fee, plus all collection costs.

NonTaxable Subtotal	61.36
Taxable Subtotal	0.00
Tax	0.00
Total Invoice	61.36

Customer Original

These copies were provided on behalf of a health care provider by
_____, a commercial copy service.

Questions about our services, fees, or copy quality should be directed to us at the address listed below. Questions concerning the content of the medical records should be posed to the health care provider.

Thank You,

1997

Dear

is under contract with the ,
to conduct motor vehicle accident investigations of interest to
the agency. The contract number is: Our primary contact with
the he can reached at

The is conducting an investigation on a motor vehicle accident involving a seven
month old girl which occurred in I would like
to obtain a copy of her medical records. She was initially treated at
and then airlifted to A signed medical release is attached. I don't have a date of
birth, but do have her hospital number.

Please send them to the following address:

We are prepared to pay the normal costs associated with obtained medical records from

Thank you.

Sincerely,

AUTHORIZATION FOR RELEASE OF

I hereby voluntarily consent and give my written authorization to
to release a copy of my medical records relating to my treatment of _____ sustained in an
_____ I understand that my name and all other
personal identification will be removed from these records, which are to be used only for research
purposes. The research is sponsored by _____ in its efforts to
improve crash survivability and vehicle crashworthiness.

The sanitized records (with personal information deleted) will be analyzed shortly after receipt to
determine the type and degree of injuries.

I acknowledge that I have read this form and all questions, by me, have been answered to my
satisfaction, and I hereby acknowledge that I understand its contents.

Signature of Guardian/Parent

Date/

CLINIC #...
FINANCIAL#

PAGE...2

97

HT. 70 cm WT. 7.87 kg H/OIRC. 44.8 cm LMP... ADM. #... HISTORY #...
 TEMP. 36.1 B.P. ... P. 140 R. 28 PT.
 LANGUAGE...01
 ALLERGIES

Triage	Screened
Appt	Check
Admission	
ED	

SEX..F AGE..008 BIRTHDATE..
ADDRESS:

PT. PH:

SUBJECTIVE / OBJECTIVE / ASSESSMENT

CARRIER:

8 mo 9 s/b MVA

Unrest. passenger

air lifted to

Depressed

still for 2 soft

problem or not

Eating ok

 PRIMARY PHYSICIAN.
 PRIMARY CARE SITE.
 MEDICAL RECORDS

① Flw still for doing

well

PROBLEM PLAN:

PE active playful

MAY 4

From new

work

peru

1) plain films T mo

2) RT T mo

3) seen a DW

VISIT CHARGE CODE:

ADMIT TO REFER TO

RETURN VISIT same S bin

CARE GIVER

ATTENDING

PROF.#

PROF.#

DISCHARGE DATE: _____ 194

	Date	Narrative	ICD 9 Code
Admission Dx / Problem		S/p MVA 2/10 BAT/CHI	
Principal Dx / Problem		subdural hematoma	
Secondary Dx / Problem		skull fracture	
Complications		Ø	
Comorbidity		Ø	
Principal Procedures		(L) frontal ICP monitor	
Additional Procedures		Head CT x 2 -	

1. Follow Up Visit: —

2. Medications: _____, _____, _____, _____, _____, _____
_____ , 1 week, I had CT prior to appt.

3. Instructions (Diet, activity, wound care, exercise, etc.) Reg diet. Act: extra precautions
to prevent falls/head injuries x 2 mos. Car seat for car travel

Resident Signature	Resident Name (Print)	Prof. Number	Chart Dictation Date
--------------------	-----------------------	--------------	----------------------

ATTENDING PHYSICIAN CERTIFICATION STATEMENT:
 "I certify that the narrative description of the principal and secondary diagnosis and the major procedures performed are accurate and complete to the best of my knowledge".

Attending Physician Signature	Attending Name (Print)	Prof. Number	Date
-------------------------------	------------------------	--------------	------

Being a condition which arises during hospitalization which will extend the length of stay by one day or more.

FACE SHEET CHART COPY

LAST SCREENING DATE <u>new</u>		IN-PATIENT ADMISSION		LAST ATP RATE	
PATIENT NAME (LAST, FIRST, MIDDLE)		REL. TO PT		DATE	
OTHER RELATIVE		PCP, UNKNOWN		REL. TO PT	
RELATIVE'S ADDRESS		CITY		ST	
IS AN EMERGENCY CONTACT		REL. TO PT		REL. TO PT	
EMERGENCY CONTACT ADDRESS		CITY		ST	
PATIENT'S ADDRESS		CITY		ST	
VIA NO		EXP. DATE		PATIENT OCCUPATION	
EMPLOYER NAME		EMPLOYER ADDRESS		EMPLOYER CITY	
EMPLOYER CITY		ST		ZIP	
RES PTY NO		RES PTY NAME (LAST, FIRST, MI)		JAP DATE	
MEDICARE NO		MOS EFF DATE		MED EFF DATE	
SCBS GROUP NO		SUB NO		EFF DATE	
OTHER INSURANCE NO 1		POLICY NO		SUB NAME	
OTHER INSURANCE NO 2		POLICY NO		SUB NAME	
OTHER INSURANCE NO 3		POLICY NO		SUB NAME	
ATC CODE		ACCIDENT TYPE		ACCIDENT LOCATION	
C CAR		WHERE HOSPITALIZED LAST 90 DAYS		LOCATION UNKNOWN	
ADMISSION DIAGNOSIS (PRIMARY)		CD 9 CODE		SECONDARY DIAGNOSIS	
BLUNT ABDOMINAL TRA-R/O		ADMITTING PHYSICIAN NAME		CLOSED HEAD INJURY	
GENERAL TREATMENT REQUEST / CONSENT		IND PRE-AUTH #		DATE	
FOR RP/TX FROM FT CARSON/UNABLE TO SCR RP/HKC		A/A-PASS/NO NO FAULT/REFER TO CITY ATTNY/AMD LEFT		REMARKS	

I, (Person signing request) _____, knowing that (I or Patient's Name) _____ am (is) seeking care do hereby request and consent to such care encompassing routine diagnostic procedures (including but not limited to collection of specimens, drawing of blood samples, routine X-rays) and medical treatment by the _____ physicians, staff and employees.

In consideration for such services rendered I do hereby agree to pay and accept liability for payment of all charges owed to me.

I understand that if surgical operations or extensive medical procedures are required, these will be fully explained to me and my specific consent will be required. I also understand that the information in my medical record is confidential and will not be released to any unauthorized person or agency outside the Department without my consent.

THIS REQUEST HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I HAVE READ IT, UNDERSTAND ITS CONTENTS AND DO VOLUNTARILY AGREE TO ITS PROVISIONS.

DATE SIGNED _____ TIME SIGNED _____ SIGNATURE OF PATIENT _____
 SIGNATURE OF PARENT/LEGAL GUARDIAN _____
 PATIENT IS UNABLE TO CONSENT BECAUSE _____ AGE IF MINOR _____

X SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ REL TO PAT _____ WITNESS _____ WITNESS _____

Pt. Addr: _____
 Pt. Phone: _____ ID Bed: 3 Hold: NO
 Arr D/T: _____ Arr By: AIRLIFE Record: NEW Ord? NO
 Cond: Relg: MET Fam Notified? Y Insur: ☐ Wynn Comp ☐ No Fault ☐ Kaiser
☐ Other: NO-NO FLT Ins OK By #: _____
 Problem/Accident: A/PASSENGER/ GRNDMTR HERE/SG
NEW/ALL
 Triage Note: ☐ See Flow Sheet

Physician's Note:

Subj: 70 mo & unstrapped front seat passenger in major crash
Initial Eval revealed lacer, Head CT revealed subdural & depressed
Skull Fr, Intubated, Mult IO attempted, Circulation attempted
Tr here by helicopter.

Obj: Intubated, paralyzed, later awake w/ calm eyes open + HME
T36: R Uvul PIE2 BP 70/40 100% on Vent
HEENT: swelling of ant scalp. PEFR 2mm. OP clear
Pulm: CT H/Bx: Cx. RRR Tachycardia
Abd: ND & B. Soft. RT. Ext. R Tib: IO line in place &
developed swelling around it. Lower Abdom

ED Course: Mult lines attempted by surgical, ED, & Anesthesia MD's
No success peripheral or B. Fem or C. subclavian lines
Sah removed great
HR ↑ to
Abd Uls (-)

T4H sent CXR: RT ch placed
DS 171
taken to OR

Lab / X-Ray / EKG Results:

Final ED Assessment: Subdural Hematoma, Mult R/O BATDischarge Plan: Taken to OR

Time Pt Left ED: _____ Final Pt Condition in ED: ☐ Good ☐ Fair ☒ Serious ☐ Critical
 D/C Instruction Sheets: _____ Prescriptions: _____
☐ D/C Home ☐ D/C to Jail ☐ Xfer to: _____
☐ Admitted to _____ Room: _____ Care Giver: _____ Prof #: _____
☐ Other _____
☐ Return to ED PRN _____ Supvsng Res: _____ Prof #: _____
☐ ED Return Date: _____ Date: _____ Attending: _____ Prof #: _____
☐ F/U Clinic Date: _____ Date: _____

TRIAGE ASSESSMENT		TRIAGE I II III IV			
NAME: _____					
DATE: <u>2/6</u>		DHH #: _____			
DOB: _____		AGE: <u>7 mo</u>		SEX: <u>♀</u>	
ARRIVAL MEANS: <input type="checkbox"/> DGH Amb. <input type="checkbox"/> Pvt. Amb. <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Walk-In					
PRE-HOSPITAL CARE		PRE-HOSPITAL MEDS		AIRWAY: <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> SPONTANEOUS <input type="checkbox"/> RAPID <input type="checkbox"/> LABORED <input type="checkbox"/> NASAL AIRWAY <input type="checkbox"/> SLOW <input type="checkbox"/> OBSTRUCTED <input type="checkbox"/> INTUBATED <input type="checkbox"/> ASSISTED	
O2 Via <input type="checkbox"/> Bag <input type="checkbox"/> Mask <input type="checkbox"/> NC		CIRC: <input checked="" type="checkbox"/> NORMAL CAPILLARY REFILL <input type="checkbox"/> DELAYED CAPILLARY REFILL			
<input type="checkbox"/> IV PTA# _____ ML INF _____		SKIN SIGNS: <input checked="" type="checkbox"/> PINK <input type="checkbox"/> PALE <input type="checkbox"/> COOL <input type="checkbox"/> GRAY <input type="checkbox"/> CYANOTIC			
<input type="checkbox"/> C-Spine immobilization		PRE-HOSPITAL VITALS		JALERT <input type="checkbox"/> JCRYING <input type="checkbox"/> JCONFUSED <input type="checkbox"/> JLETHARGIC	
<input type="checkbox"/> BACKBOARD		MENTAL: <input checked="" type="checkbox"/> JCONSCIOUS <input type="checkbox"/> JINCONSCIOUS <input type="checkbox"/> JCOMBATIVE			
ALLERGIES: <input checked="" type="checkbox"/> NKDA <input type="checkbox"/> UNKNOWN		FACE HEAD: <input type="checkbox"/> JATRAUMATIC ABRASIONS LACERATIONS HEMATOMAS			
MEDICATIONS: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN		PUPILS: <input checked="" type="checkbox"/> EQUAL <input type="checkbox"/> UNEQUAL <input type="checkbox"/> REACTIVE <input type="checkbox"/> SLUGGISH <input type="checkbox"/> NCA REACTIVE			
LAST TETANUS TOX: <u>UID</u>		WEIGHT: <u>10 kg</u>		EARS: <input checked="" type="checkbox"/> JCLEAR <input type="checkbox"/> JHEMOTYMPANUM R L <input type="checkbox"/> JBLOOD EXTERNAL CANAL R L	
PAST MEDICAL HISTORY: <u>none</u>		NECK: <input checked="" type="checkbox"/> JATRAUMATIC <input type="checkbox"/> JABRASIONS <input type="checkbox"/> JACERATIONS			
		SPINE: <input checked="" type="checkbox"/> JCLEARED <input type="checkbox"/> JROCKINGLY <input type="checkbox"/> JCLINICALLY <input type="checkbox"/> JCOLLAR LEFT ON			
HIGH RISK NUTRITIONAL STATUS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CHEST: <input checked="" type="checkbox"/> SYMMETRICAL EXPANSION <input type="checkbox"/> JASYMMETRICAL EXPANSION			
EXPLAIN ACTION TAKEN:		BREATH SOUNDS: <input checked="" type="checkbox"/> JCLEAR <input type="checkbox"/> JCOARSE <input type="checkbox"/> JRALES <input type="checkbox"/> JWHEEZING <input type="checkbox"/> JDECREASED R L			
SERVICE		LEVEL / ARR TIME		LEVEL / ARR TIME	
SURGERY	Resident / <u>OA</u>	Chief / <u>OA</u>	Attending /		
NEUROSURGERY	Resident / <u>OA</u>	Chief / <u>OA</u>	Attending /		
ORTHOPEDICS	Resident /	Chief /	Attending /		
OB / GYN	Resident /	Chief /	Attending /		
OTHER	Resident /	Chief /	Attending /		
TRAUMA SITES					
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>1. LACERATION / SW</p> <p>2. PUNCTURE / GSW</p> <p>3. FRACTURE</p> <p>4. ABRASION</p> <p>5. BURN</p> <p>6. DEFORMITY</p> <p>7. AVULSION</p> <p>8. CONTUSION</p> <p>9. CREPITUS</p> <p>10. ECCYMOSIS</p> <p>11. HEMATOMA</p> <p>12. OPEN FX</p> <p>13. PAIN</p> </div> <div style="text-align: center;"> </div> </div>					
<p>LOWER EXTREMITIES: <input checked="" type="checkbox"/> JNORMAL <input type="checkbox"/> JDEFORMITY <input type="checkbox"/> JUNEQUAL PULSES <input type="checkbox"/> JABRASIONS <input type="checkbox"/> JACERATIONS</p> <p>PELVIS: <input checked="" type="checkbox"/> JSTABLE <input type="checkbox"/> JUNSTABLE <input type="checkbox"/> JABRASIONS <input type="checkbox"/> JACERATIONS</p> <p>UPPER EXTREMITIES: <input checked="" type="checkbox"/> JNORMAL <input type="checkbox"/> JDEFORMITY <input type="checkbox"/> JUNEQUAL PULSES <input type="checkbox"/> JABRASIONS <input type="checkbox"/> JACERATIONS</p> <p>BACK: <input checked="" type="checkbox"/> JATRAUMATIC <input type="checkbox"/> JABRASIONS <input type="checkbox"/> JREC <input type="checkbox"/> JACERATIONS</p> <p>SOCIAL: <input checked="" type="checkbox"/> HIGH RISK FOR ABUSE EXPLAIN ACTION TAKEN <u>SSW - 1 sec 2 family</u></p>					
GLASCOW COMA SCALE					
TIME		E.O.		B.V.R.	
ON ARRIVAL					
Eye Opening		Best Verbal Response		Best Motor Response	
Spontaneous = 4		Oriented = 5		Obeys Commands = 6	
To Voice = 3		Confused = 4		Localizes to Pain = 5	
To Pain = 2		Inappropriate Words = 3		Withdraws to Pain = 4	
None = 1		Incomprehensible Sounds = 2		Flexion to Pain = 3	
		None = 1		Extension to Pain = 2	
				None = 1	
TRAUMA SCORE <u>NA 7 mo</u>					
Respiratory Rate		Systolic BP		Glascow Coma Score	
10-20 = 4		>89 = 4		13-15 = 4	
1-5 = 1		1-49 = 1		4-5 = 1	
>29 = 3		76-89 = 3		9-12 = 3	
0-0 = 0		50-75 = 2		6-8 = 2	
				3-0 = 0	
CIRCLE THE APPROPRIATE INDICATOR SCORES ABOVE AND ADD THE THREE SCORES BELOW					
Respiratory Rate Score					
Systolic BP Score					
Glascow Coma Score					
TOTAL TRAUMA SCORE _____					

BEST AVAILABLE

MEDICATION ORDER AND ADMINISTRATION

*All medications must be ordered and initialed by a physician. Remember to sign below.

[illegible]

ADDRESSOGRAPH

NARRATIVE NOTES

7 mo F to ED via chopper s/p LRFSP sitting on grandma's lap - driver of car accidentally hit gas pedal instead of brake and car hit wall. Child helmeted w/ 2 weights of grandma crushing child. Child crying on arrival to other ED, became lethargic and was intubated de to ↓ MS. Had head CT. Reported (+) depressed skull fx & subarachnoid. Mult IV, 10 attempts PIA. It arrived & very positional / ? non-tintinal @ LE I/O. MD's measure

Unsuccessful multiple PIV & Central line attempts per sub-anesthesia. Epistaxis & breath v. taken which resolved spontaneously. 6F Foley cath inserted & return of BM. c/r yellow urine. Warming lights on.

To OR & IV access per:

ADMIT BLUE/GRAY

HOUSEOFFICER:
ATTENDING:

TIME SEEN:

H P I	AGE <u>27</u> Caucasian Latin Indian											
	MF Black Asian											
	MVA/MCA? <u>HIGH</u> SPEED <u>MOD</u> RESTRAINED <u>N</u>	ASSAULT AUTOPED FALL CRUSH										
	DRIVER <u>PASSENGER</u> LOW HELMET Y N	DESCRIPTION										
	DAMAGE WINDSHIELD STEERWHEEL DASH HEAD ON T-BONE	Unrestrained child in front seat. Propelled into windshield. Transported by helicopter from Ft camp										
	G S Head INTUBATED S T Neck LOC W A Thorax SELF-INFLICTED B Abdomen TRAUMA ARREST Extremity INTOXICATED											
M E D	MI HBP ANGINA CHF STROKE DM SEIZURE ASTHMA COPD PUD LIVER HEPATITIS											
	KIDNEY DZ HIV+ PREG Y N ALLERGY: NKDA PCN SULPHA CEPH CODEINE OTHER <u>Q</u>	DESCRIPTION: <u>Q</u>										
S U R G	LAPAROTOMY CHOLCYSTECTOMY APPENDECTOMY HYSTERECTOMY TONSILS HERNIA											
	DESCRIPTION: <u>Q</u>											
M E D	NONE ASA COUMADIN	<table border="1"> <tr> <td rowspan="2">D R U G</td> <td>ETOH ABUSE HEROIN</td> <td rowspan="2">E T C</td> <td>TOBACCO</td> </tr> <tr> <td>COCAINE BARB</td> <td>LAST MEAL</td> </tr> <tr> <td colspan="2">DESCRIPTION:</td> <td colspan="2">OTHER</td> </tr> </table>	D R U G	ETOH ABUSE HEROIN	E T C	TOBACCO	COCAINE BARB	LAST MEAL	DESCRIPTION:		OTHER	
	D R U G			ETOH ABUSE HEROIN		E T C	TOBACCO					
COCAINE BARB		LAST MEAL										
DESCRIPTION:		OTHER										
	DESCRIPTION:											
V S	FIELD BP <u> </u> P <u> </u> RR <u> </u> T <u> </u> GCS <u> </u>	DESCRIPTION:										
	ER BP <u> </u> P <u> </u> RR <u> </u> T <u> </u> GCS <u> </u>											
P H Y S I C A L E X A M	HEAD WNL ABNL											
	EYES WNL ABNL											
	TMS R WNL ABNL											
	L WNL ABNL											
	NECK WNL ABNL											
	CHEST R WNL ABNL											
	L WNL ABNL											
	COR WNL ABNL											
	ABD WNL ABNL											
	PELVIS WNL ABNL											
	RECTAL WNL ABNL											
	GENITAL WNL ABNL											
	BACK WNL ABNL											
	EXTREMITY R WNL ABNL											
L WNL ABNL												
NEURO WNL ABNL												

TRAUMA EVALUATION														
LABORATORY	C	HCT _____	S	NA _____	U	SPGR _____	A	PH _____	L	AMYLASE _____				
	B	HGB _____	M	K+ _____	A	PH _____	B	PO2 _____	F	ALK PHOS _____				
	C	WBC _____	A	CO _____	A	CHEM _____	G	PCO2 _____	T	LDH _____				
		PLTS _____	7	CL _____	A	MICRO _____		SAT _____		BIL _____				
	SPUN HCT _____	PT _____		BUN _____		RBC _____		HCO3 _____		SGOT _____				
		PTT _____		CR _____		WBC _____		BE _____		SGPT _____				
				GLU _____		BACT _____								
	D	GROSS +- _____	RBC _____	WBC _____			T	UR	ETOH					
	P	AMYLASE _____	ALK PHOS _____	BIL _____			O	BLD	COCAINE					
	L	GM STAIN _____	OTHER: _____				X		SALICYLATES					
									OTHER					
	EKG													
	DESCRIPTION													
RADIOLOGY			N/A	PENDING	RESULTS +/-	REMARKS								
	CXR													
	TRAUMA UPRIGHT													
	CSPINE													
	LAT													
	AP													
	ODONTOID													
	PELVIS													
	CT													
	HEAD													
ABDOMEN														
IVP														
CYSTOGRAM														
C LOOP														
ANGIOGRAM														
ARCH														
EXTREMITY														
OTHER														
ULTRASOUND														
APP	DIAGNOSIS:													
	SYSTEM	POSITIVE FINDINGS				FOLLOW UP								
	NEURO	NS → to CR												
	RESP													
	CARDIAC													
	GI													
	GU													
	ORTHO													
Admitting Reside _____														
Attending Staff _____														

PROGRESS RECORD

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS
			NS HEP
			Two old ♀ transferred from for mgmt of Pt was unrestrained
			CT scan - passenger on lap thrown into windshield. LOC, cried depressed & immediately. To approp @ first, then slowly became lethargic of SSS. → intubated/paralyzed, flown here & IV access. Multiple attempts @ IV access in With CT scan + no exam, decision made to take pt to OR for access/ evacuation of hematoma. Pt awoke to lethargy, moving L > R to pain In OR, HR > 200 SBP 40's-60's
ATTENDING PHYSICIAN'S NOTE:			
Date:		Signature: _____, M.D. ATTENDING	

PROGRESS RECORD

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE
			FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS
			<p>1. S. <u>Abd.</u></p> <p>I just saw the 7-m. old girl on the way out with the PK. I missed the cranial scan & found the one with - brain dot in the place & open on pt. noted O.K. Chest is intact but obviously more of + structure - (P) better the left. Right arm 9/13 and do not want to right. There is a palpable depression of the (P) right side with easily palpable palpable function. FTK's %. CT scan the left. For and also random over the left part coming & away of the the S.S.S. Also this is some ^{smaller} than a (P) of the S.S.S. the (P) count. The brain scan shows of course for the left.</p> <p>It has been suggested to spread ^{spread} my IV down after or have it try. In the PK, the overlaid ^{overlaid} are still happy to get IV down.</p> <p>I made a decision to close the op & visit a Cerner monitor. The ICL was 22. We will plan to obtain ^{input} a CT after the gen. surgeon get a CT done. We will then decide when to go from there.</p>
ATTENDING PHYSICIAN'S NOTE:			
Date: _____ Signature: _____			

USE BOTH SIDES OF THIS FORM

[illegible]

PROGRESS RECORD

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS
			1155
		HPI:	Pt is 7 m/o victim of unrestrained passenger who hit windshield today (mechanism: coming into driveway foot slipped fr/ brake into accel. + car hit house → baby to windshield). Pt brought to local where first approp + then became lethargic + tx'd to in helicopter 5 IV access 2° failed IV + I.O. attempts. In here unable to achieve IV access + pt brought to OR for cut-down. Pt rec'd ① femoral line + ② saphenous v. line + to CT ^{error} scans + ICP bolt. Apparent not drained 2° venous access prob. + pt went for repeat head CT which showed ① subdural hematoma ± ① mass effect + ± ↓'d ① frontal bld (Original Head CT showed depressed skull fx, torn sagittal sinus, lg ① subdural + ? small ② subdural) Abd CT → No liver, spleen, renal lx. Chest CT → slit ↓ in vol. in ① chest. @ showed ETT @ carina ± good exp. + 5 focal infiltrate.
		PMH:	φ prev med probs. - has had "cold" for last wk.
		FHx:	φ
Date:		Signature:	

USE BOTH SIDES OF THIS FORM

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS
			SHx: Pt lives w PGM, PGF, FOC ^(12/13) , 2 uncles, + friend of family. (+) smokers
			PCP - Health Clinic in 12's - UTD (seen records)
			PE: WH: ; 7.8 kg
P-140's			I: DS 4NS + 20mEq KCl @ 32cc ^o = 1x/maint.
BP: 115/65 (80)			HEENT: ICP bolt frontal in place, PERIA (=3mm)
ICP - 11			TM's s drainage. OP s teeth w clear abrasions. Face s abrasions/ecchymoses.
			Lungs: CTA (B) z ETT
			CVS: RRR s M + FP (B), + DP (B)
			Abd: soft ND (+)BS (-)HSM
			Ext: Lites: (R) radial art (L) femoral vn (R) saphenous vn.
			o obvious fx
			Neuro: Retracts all exts. to pain i beat ankle clonus (B)
			Patellar DTR's 1-2+ (B)
			Tx: Pt rec'd 80cc pRBC's
			Labs: 24.2 / 8.4 / 355 Na-138 24.2 / 24.6 p ⁶³ BL ³ L ²⁴ M ⁸ K-4.1
			Hct-27.2
			Hct-29.2
			Lactate: 3.6 → 3.2
			PT-14.5 INR-1.47 PTT-29.4
			FIB-137
			ABG - 7.44 / 25 / 39C / 17 / -6 wte-30 ²⁴ / ₅ FiO ₂ -100%
			Meds: Dilantin 160mg IV x 1 then 25mg IV bid Ancef 250mg IV q8 ^o
Date			Signature:

PROGRESS RECORD

PROBLEM NUMBER AND TITLE		
DATE	TIME	PROB. NO.
FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS (cont) A/P: 7 m/o s/p MVA - unrestrained psgr on lap in passenger front seat \bar{c} (B) subdural hematomas + torn sag. sinus \bar{c} ICP monitor (ICP remaining < 12). No evid. of chest, abd. trauma or bony fx's. Now on vent (weaning) + v/o BAT protocol. FEN: Pt on lx maint. - will \checkmark lytes/BUN/Cr Resp: Pt on vent @ rate 25 20/5 .4 32% Will wean as tolerated (\checkmark ing ABG's) + try to ulize pCO ₂ . Plan to try to extub. in AM. CVS: Stable BP's \bar{c} good periph. perfusion ID: On Acet for ICP bott prophylaxis GI: Pt NPO. Good BS \bar{c} benign exam. Will monitor. No evid. for viscus perf. @ this time. Neuro: Pt \bar{c} ICP remaining 8-12. Sltly sedated but eyes open - wake occas. Withdraws evenly to pain \bar{c} grossly abn. exam - pupils equal + reactive. Heme: Will follow Hct. Cr in AM for s/p		

PROGRESS RECORD

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS
			<p>P23 note</p> <p>P4 seen + d/w.</p> <p>NB + Emergency as well as P21.</p> <p>P4 is a 2mo old unrestrained passenger sitting on mom's lap as entering driveway on passenger's side. Driver's foot slipped from brake to gas pedal & car bundled into fence. Child struck head on W/S although airbag engaged. No LOC - to local ER where noted to have 1 lethargy.</p> <p>CT scan showed ① Frontal depressed skull fx, trans sagittal sinus, large ② subdural & ? small ③ subdural. Paralyzed + ET placed + hyperventilation. Unable to get IV access.</p>
Date:			Signature:

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS
			to obtain IV access in CT including 4 EIO, 2 S/C, (B) femoral, catheters (B) suphens, finally achieved (B) suphens, (B) femoral access + (B) radial arter line.
			No evacuation done + only balt as concern for bleeding for superior sagittal sinus. beginning to access + improving CT scan so elated to balt only + pressure open. Initial ICP = 12. Initial Het = $2^{19.7}$. Transfused $40 + 20 + 20$ cc PRBC. Sequential Het = $2^{24.3} + 2^{20.0}$.
			Initially hypervent on vent. Once balt placed, liberalized vent + now at 28/5 Rate 30 to last gas 7.44/25/396/117/1-6. Initial CBC 24 } 8.4 (355-6353B248M PTT 29.4 FIB 137 84.6 PTT 47. 138. < 205 I Ca 1.03 F/U PCT 4.1 22/
82			
71			
71			
ATTENDING PHYSICIAN'S NOTE:			
Abd CT - lots of air near femoral head.			
Head CT - balt - (B) subdural - mass effect			
Chest CT - ?? vol 1045 (B) chest			
Date	Signature:		

PROGRESS RECORD

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS
			PE
			BP 111/56 MAP 76 FCP 76 F102.32
			O2 sat 100 General Slipping - Arrous
			Heart - Head e belt / bandaged
			Eyes - pupils 2-3 mm / reactive
			Mouth - 1 lesions
			Neck - C-spine precautions
			Withdrawn stupor LE (B)
			Heart - run 3 rubs / gallop
			Lungs - Equal BS.
			Abd - Good BS NT/ND
			DTR - 2+ 1 beat clonus / pt
			A) 7 mo old (B) + (D)
			frontal depressed skull fx
			EqN - Monitor perfusion /
			fluid status
			Bug - wear vent to standardize
			PCO2 + FCP 15

Date:

Signature:

USE BOTH SIDES OF THIS FORM



406

[illegible]

PROGRESS RECORD

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS
12/26/65			<p>From 9 SIC</p> <p>Co. 400 + 2 men into C.S. 4700</p> <p>Civilian immediately → let him go. Taken to ED where</p> <p>stomach & leg by 1st Lt. → distributed / prod. 2nd.</p> <p>Flown by helicopter from</p> <p>Sets in Rm 10 → better on arrival here i</p> <p>adequate p. supply. Difficult IV access - 0</p> <p>on arrival to</p> <p>VS: 149, 104/55, 115/62 (82) JCP = 11 CPP = 71</p> <p>Vent: JMW 25% / 32% Fm 1/5 → APX 2.44/25/34/17/-6</p> <p>Cat: 1417 27 125/221 Cat: 3.2. N2O due = 205</p> <p>In SD 1900. 24 224 (355 PT/OT = 145/28.4 Fm = 137</p> <p>R = 138 R = 4.1</p> <p>Wound: Repeat CT done. JCP: SDH 1 (C) mass effect</p> <p>HE frontal bleed mildly depressed frontal skull fr</p> <p>healing and maxillary etc. 8000 pain</p> <p>CT in Am for 14. JCP 10-20. 1/10/10/10</p> <p>Plan: When st sent tonight as Tol. Clust CT shows</p> <p>1 long field in D base. Cx: good line placement in</p> <p>Grm. DTX ETT too low - ETT pulled back 1 cm</p> <p>ATTENDING PHYSICIAN'S NOTE: W: Tachy but 900 HTD stable JCP's ~ 10. Keep</p> <p>MMP > 80.</p> <p>64: Good U.O. Home / 12/25/65</p> <p>65: NID. Lte but protocol abd soft</p> <p>Date: Signature: J.D. J.E. W.S. + 1st Lt. J.S.</p>

USE BOTH SIDES OF THIS FORM

next page for list.

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS
			HD #2 Linc #1 Ant #1 (N 5mg)
Dilute			Exits: Pt waking up and mts L & R. Exhibited herself
Tegmet			@ 13:00 Has good pos and excellent voice.
Leaf			VS: T _a = 38° T _e = 38° 172, 32, 114/52
T. Gal. pen			MAP = 74 ICP = 11 CPP = 63 Sats 48%. 257c R ₁ 2
A. hist. anal			FI/D = 16.5/7.2 over 5° = 1.8 cc. 11 kg/hr
			01 st Labs $\frac{135}{3.5} \frac{1109}{117.7} \frac{10}{1.7} \frac{125}{125}$ Angles = 25
			Post Exits H ₂ O = 7.32/32/121/51/16/-8.7 in 2 L O ₂ NL
			Neuro: Made more awake mts #4 L & R
			Voice intact. w/d to pain. Good hand grasp (B) TAPS stable
			Pulse: Exhibited. Rhythmic and strong by 13:00
			✓ GRR this am. Good Sats on 2L.
			CV = Very tachy to 190 now. Bx4 Del -8.3 @ 10:40
			Chl ₂ -8.7 @ 0315 P Hamin 60/50. Head
			to size fluid blue. Will give 10 cc/kg bolus NS
			Follow HR closely. Will + Acc in 30 minutes.
			GE: Cont NPO. Abd very soft, NT, ND. Allows
			exam & auscultation while awake.
			Cen Good UO. Another ur.
			Heme: Invisibly HCT. Cont 4 bilts. to 46 SAT.
			ID + Temp. w/d C/P Acc'd 9 R. hist prophylaxis.
			Linc #1
			For Tegmet. Dilute level this am.
			Plan to give off for surgery when HCT's cleared and BAT R/O XLT.

PROGRESS RECORD

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS
			<p>Turning Update. 7a-7p shift: C: Remained tachycardic 160's BP 110/60's + when agitated 120/60's. Afebrile. Hct @ 1330 @ 23% reported to</p> <p>Performed by _____, Baby Gram ordered and completed. Next HCT ordered for 2100. CFP 50-60's Resp: Breathing 3 labors, Occ. lower cough noted. Continues on 1/2 L O₂ per NC. & sat's in high 90's. Neuro: _____ well & good strength. Cries & interventions and @ times on own. Appropriately responding to family. ICP 9-20 when calm + to 30's when crying. Bolt intact, tubern drug _____ in place. GI/GU: Foley doc'd @ 1330 wetting diapers since, H.O. WNL UA sent. Stool XT lower de brown. Vomiting clear liquids & emesis. Abd. soft & distention. Skin: Intact. Limbs pulled in Arm by surgeons @ leg, groin + @ labia edematous & from Arm. @ ankle cutdown IV doc'd. Social: Family @ bedside throughout day; Grand nurse often tearful verbalizing guilt feelings; all interaction caring and appropriate</p>

<p>mult impressions. Innumera w/le numarene for H2M INS. NO WIDENGE OF INTRA-ABD INS CINDOWN LINES / 10 OUT. PLICE RYPTOT Date: 03/27/77 P2205 Signature: NO PO w/in 12-24</p>		
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS
			End of shift report
			Cardiac - Tachycardiac 140's while asleep 160's when awake
			Afibrile, mucous membranes moist, cap refill 2.5 sec
			Resp - 15 breaths per minute, cough noted & mucous
			& stridor, D2 A/C'd at 2000 pulses on 96% 90's
			Color pink
			GI/GU - GI motility normal (Bx) 1, diaper wet & loose stool,
			tolerating 1/2 st. formula/pediatric - advanced to 5 ⁰⁰ pm drink
			to 1/2 st. formula -
			demanded x 2 -
			Skull (2) & IV infusing 3 different - (1) femoral site, remain
			slightly swollen, & local involvement, other sites & reflex
			swelling, & discomfort, won't touch,
			Remo AMEE x 4 - PERRL DD > DS - substantial edema, JCPHAT
			did by nursing, & 2030, area clean/ dry, no more placed,
			but skin intact, fingers, & toes 9200, C-collar removed,
			by RD. Medicated for comfort x 3 & Tylenol & recheck.
			Spinal Gynec Gluteals, taking appropriate ?'s, responds to pt
			well

Date

Signature:

PROGRESS RECORD

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS
			<p>3c.7, 118/54 RR 46 HR 160 HCT ↓ 21.7 / 7.9 WBC 10.9 PLT 160 138 108 2.0 / 99 4.1 20.7 0.2</p> <p>Nervous : anxious, agitated, crying and screaming strongly but cooperative, fairly good for intake</p> <p>CT Scan: unchanged bilateral hematomas, SDK with some more post-traumatic blood.</p> <p>A/P : neuro stable Follow up CT D/C - Home Gen with.</p>

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A = ANALYSIS P = PLANS
			<p>VSS, reflexive</p> <p>• Pt. doing significantly better feeding better, but still some issues yesterday</p> <p>• Neuro improvement of transfer from (R) to (L) hand, tracking stimuli & smiling, but comfortable & swelling (R) eye and vertex</p> <p>A/P: (1) we will sign off on now (2) would repeat CT scan in 1 week as outpatient (3) and arrange F/U in NSurg Clinic in 1-1½ weeks</p>
			<p>Neurosurgery 404</p> <p>Pt awake alert playful. Good PO yest.</p> <p>Atb VSS</p> <p>CW RRR lungs CTAB</p> <p>Abd soft NT/ND @BS</p> <p>Neuro - alert, tracks EOMs.</p> <p>PERMIT, reaches + grasps 5</p>
Date			Signature:

[illegible]

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DATE OF OPERATION:

SURGEONS:

PREOPERATIVE DIAGNOSIS: Large bilateral subdural hematoma.

POSTOPERATIVE DIAGNOSIS: Same.

PROCEDURE: Left frontal intracranial pressure monitor insertion.

Estimated blood loss: Minimal.

Drains: None. Complications: None.

INDICATIONS: This is a 7-month-old female who was transferred to us after an in which she sustained a left frontal depressed skull fracture and an apparent subsequent tear of the superior sagittal sinus. When the patient arrived in the however, she was in shock apparently from blood loss into this rather large subdural hematoma and vascular access was extremely difficult to obtain. The patient was taken to the where the pediatric surgeons first obtained vascular access. We initially considered removing the subdural, however, because the patient was obviously so hypovolemic, preoperatively, we felt it was not safe to begin any operations concerning the sagittal sinus without proper vascular access and instead opted to place an intracranial pressure monitor and evacuate the hematomas only if the intracranial pressure was high.

DESCRIPTION: The patient was taken to the emergently and placed in the supine position. C-spine precautions were maintained as her C-spine had not yet been cleared and a small area in the left frontal region was prepped with Hibiclens and draped in sterile fashion. A small stab incision was made in the scalp to the periosteum and a Camino drill was then used to drill a small bur hole in the left frontal bone which was obviously somewhat mobile due to the patient's fracture. The Camino ICP monitor was used for this insertion and the bolt portion of the kit was then affixed to the patient's skull without any difficulty and the fiberoptic transfuser was passed through this bolt to approximately 6 cm and then back out to about 5 cm. The initial ICP obtained was 12 mm of Mercury. The bolt was taped and wrapped in place using sterile Kerlix and Kling dressing. The patient tolerated this procedure very well. Because the intracranial pressure

DATE OF OPERATION:

was normal, it was decided that no evacuation was to be done and we continued with fluid resuscitation. was present for the entirety of the procedure, including the critical part which was placement of the bolt. The placement of the patient's lines will be dictated separately by the pediatric surgeons. Following this procedure, the patient was in satisfactory condition and was taken postoperatively directly to the CT scanner for repeat CT and then to the in satisfactory condition.

DATE OF OPERATION:

SURGEONS:

PREOPERATIVE DIAGNOSIS:

1. Closed head injury.
2. Poor venous access.

POSTOPERATIVE DIAGNOSIS:

1. Closed head injury.
2. Poor venous access.

PROCEDURE:

1. Left proximal saphenous cutdown with line placement.
2. Right distal saphenous cutdown with line placement.

INDICATIONS:

Renee Henry is a 7-month-old female who is the victim of a motor vehicle accident. She was an unrestrained passenger in a vehicle which ran into the side of a house. She was launched into the front windshield. She was initially seen at then transferred to by Life Flight. By CT scan, she has large intracranial hemorrhages. She was brought to the for placement of venous access. Access was unable to be obtained by peripheral venous stick or by central venous access by the Seldinger technique.

DESCRIPTION:

The patient was sedated then sterilely prepped and draped in the usual fashion. A longitudinal cutdown was made over the left groin. The saphenous vein was identified and a #5 French central venous catheter was placed. It was then tunneled. Its placement was later confirmed by abdominal film. Concurrently, a cutdown was made on the distal right saphenous vein. This was performed just above the ankle. An 18 gauge intravenous was placed here and sewn in place. Both catheters were flushed and withdrew well at the time of operation. The wounds were closed with running nylon. The patient tolerated the procedure well and was taken to the for further resuscitation.



ACCIDENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

AB 14

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted014. Date of Accident
(Month, Day, Year)9 6

5. Time of Accident

1245

Code reported military time of accident.

NOTE: Midnight = 2400

Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use 07. SS16 Pedestrian Crash Data Study 0
(Data for this special study available
in a separate file.)8. SS17 Impact Fires 09. SS18 Unsafe Driver Actions 010. SS19 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 01Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>01</u>	15. <u>F</u>	16. <u>59</u>	17. <u>04</u>	18. <u>0</u>
19. <u>0 2</u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>
26. <u>0 3</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>0 4</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>0 5</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> (00) Not a motor vehicle (01) Subcompact/mini (wheelbase < 254 cm) (02) Compact (wheelbase ≥ 254 but < 265 cm) (03) Intermediate (wheelbase ≥ 265 but < 278 cm) (04) Full size (wheelbase ≥ 278 but < 291 cm) (05) Largest (wheelbase ≥ 291 cm) (09) Unknown passenger car size (14) Compact utility vehicle (15) Large utility vehicle (≤ 4,500 kgs GVWR) (16) Utility station wagon (≤ 4,500 kgs GVWR) (19) Unknown utility type (20) Minivan (≤ 4,500 kgs GVWR) (21) Large van (≤ 4,500 kgs GVWR) (24) Van Based school bus (≤ 4,500 kgs GVWR) (28) Other van type (≤ 4,500 kgs GVWR) (29) Unknown van type (≤ 4,500 kgs GVWR) (30) Compact pickup truck (≤ 4,500 kgs GVWR) | <ul style="list-style-type: none"> (31) Large pickup truck (≤ 4,500 kgs GVWR) (38) Other pickup truck (≤ 4,500 kgs GVWR) (39) Unknown pickup truck type (≤ 4,500 kgs GVWR) (45) Other light truck (≤ 4,500 kgs GVWR) (48) Unknown light truck type (≤ 4,500 kgs GVWR) (49) Unknown light vehicle type (50) School bus (excludes van based)(> 4,500 kgs GVWR) (58) Other bus (> 4,500 kgs GVWR) (59) Unknown bus type (60) Truck (> 4,500 kgs GVWR) (67) Tractor without trailer (68) Tractor-trailer(s) (78) Unknown medium/heavy truck type (79) Unknown light/medium/heavy truck type (80) Motored cycle (90) Other vehicle (99) Unknown |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| CDS APPLICABLE
AND OTHER
VEHICLES | <ul style="list-style-type: none"> (O) Not a motor vehicle (N) Noncollision (F) Front | <ul style="list-style-type: none"> (R) Right side (L) Left side (B) Back | <ul style="list-style-type: none"> (T) Top (U) Undercarriage (9) Unknown |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
-
- | | | | |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TDC
APPLICABLE
VEHICLES | <ul style="list-style-type: none"> (O) Not a motor vehicle (N) Noncollision (F) Front (R) Right side | <ul style="list-style-type: none"> (L) Left side (B) Back of unit with cargo area
(rear of trailer or straight truck) (D) Back (rear of tractor) | <ul style="list-style-type: none"> (C) Rear of cab (V) Front of cargo area (T) Top (U) Undercarriage (9) Unknown |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(01-30) — Vehicle Number</p> <p>Noncollision</p> <ul style="list-style-type: none"> (31) Overturn — rollover (excludes end-over-end) (32) Rollover — end-over-end (33) Fire or explosion (34) Jackknife (35) Other intraunit damage (specify): _____ (36) Noncollision injury (38) Other noncollision (specify): _____ (39) Noncollision — details unknown <p>Collision With Fixed Object</p> <ul style="list-style-type: none"> (41) Tree (≤ 10 cm in diameter) (42) Tree (> 10 cm in diameter) (43) Shrubbery or bush (44) Embankment (45) Breakaway pole or post (any diameter) <p>Nonbreakaway Pole or Post</p> <ul style="list-style-type: none"> (50) Pole or post (≤ 10 cm in diameter) (51) Pole or post (> 10 cm but ≤ 30 cm in diameter) (52) Pole or post (> 30 cm in diameter) (53) Pole or post (diameter unknown) (54) Concrete traffic barrier (55) Impact attenuator (56) Other traffic barrier (includes guardrail)
(specify): _____ | <ul style="list-style-type: none"> (57) Fence (58) Wall (59) Building (60) Ditch or culvert (61) Ground (62) Fire hydrant (63) Curb (64) Bridge (68) Other fixed object (specify): _____ (69) Unknown fixed object <p>Collision with Nonfixed Object</p> <ul style="list-style-type: none"> (70) Passenger car, light truck, van, or other vehicle not in-transport (71) Medium/heavy truck or bus not in-transport (72) Pedestrian (73) Cyclist or cycle (74) Other nonmotorist or conveyance (75) Vehicle occupant (76) Animal (77) Train (78) Trailer, disconnected in transport (79) Object fell from vehicle in-transport (88) Other nonfixed object (specify): _____ (89) Unknown nonfixed object (98) Other event (specify): _____ (99) Unknown event or object |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1 F A S P 1 5 J X T W x x x x x x x
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)

- (160) 159.5 kmph and above
(999) Unknown

mph X 1.6093 = kmph

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit
in kmph
(999) Unknown

mph X 1.6093 = kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)

- (95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source:

15. Police Reported Other Drug Presence For
Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

- (99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):

- (8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):

-
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
 - (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
 - (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
 - (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
 - (24) Van based school bus ($\leq 4,500$ kgs GVWR)
 - (25) Van based other bus ($\leq 4,500$ kgs GVWR)
 - (28) Other van type (Hi-Cube Van, Kary) (specify):
-
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
 - (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):
-
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
 - (81) Moped (motorized bicycle)
 - (82) Three-wheel motorcycle or moped
 - (88) Other motored cycle (minibike, motorscooter) (specify):
-
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA**19. Relation To Interchange Or Junction** φ

- (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) Unknown type of junction _____

(9) Unknown

20. Trafficway Flow φ

- (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 1

- (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1

- (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 9

- (1) Level
 (2) Uphill grade (>2%)
 (3) Hill crest
 (4) Downhill grade (>2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 9

- (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions φ

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device φ

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

(6) Warning sign (not RR crossing)

(7) Unknown sign

(8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning φ

- (0) No traffic control device
 (1) Traffic control device not functioning (specify) _____

(2) Traffic control device functioning properly

(9) Unknown

PRECRAASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 03
 (Prior To Recognition Of Critical Event)
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see
Distractions
 (03) By other occupant(s), (specify): PASSENGER
 (04) By moving object in vehicle (specify):
 (05) While talking or listening to cellular phone (specify location and type of phone):
 (06) While dialing cellular phone (specify location and type of phone):
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify):
 (09) While using other device/object in vehicle (specify):
 (10) Sleepy or fell asleep
 (11) Distracted by outside person, object, or event (specify): PASSENGER
 (12) Eating or drinking
 (13) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify):
 (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 05
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (99) Unknown
32. Critical Precrash Event 14
This Vehicle Loss of Control Due To:
 (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify):
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify):
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify):
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify):
 (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
 (61) From adjacent lane (same direction)—over right lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details unknown

Pedestrian, Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway (specify):
 (84) Pedalcyclist or other nonmotorist approaching roadway, (specify):
 (85) Pedalcyclist or other nonmotorist—unknown location (specify):

Object or Animal

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify):
 (99) Unknown

33. Attempted Avoidance Maneuver

99

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability

1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Pre-crash stability unknown

35. Pre-Impact Location

4

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type

14

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 03
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 03

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1110
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = 1149 kgs

Source: _____

44. Vehicle Cargo Weight 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

Source: INSPECTION PHOTOS**ROLLOVER DATA**

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify):
 (98) Rollover—end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type (specify):
 (98) Rollover—end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover—end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (6) Non-contact rollover forces (specify):
 (8) Rollover—end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover—end-over-end
 (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

OVERRIDE/UNDERRIDE (THIS VEHICLE)**ACCIDENT RECONSTRUCTION PROGRAMS
HIGHEST DELTA V**51. Front Override/Underride (this Vehicle) Φ52. Rear Override/Underride (this Vehicle) Φ

- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07=1-49)]*

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

*Underride (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07=1-49)]*

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
(9) Unknown

**HEADING ANGLE AT IMPACT FOR
HIGHEST DELTA V**

Values: (000)-(359) Code actual value

- (997) Noncollision
(998) Impact with object
(999) Unknown

53. Heading Angle For This Vehicle 9 9 854. Heading Angle For Other Vehicle 9 9 8**RECONSTRUCTION DATA**55. Towed Trailing Unit Φ

- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle Φ

- (0) No
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) Φ

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

58. Basis for Total (Resultant) Delta V (highest) Φ /

- (00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program
-damage only routine
(02) Reconstruction program
-damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

- (98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

0 2 0 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of
Delta V+ 0 0 2 0 Highest Nearest kmph (highest) Nearest kmph (secondary)(NOTE: __000 means greater than
-0.5 kmph and less than +0.5 kmph)

(±160) ±159.5 kmph and above

(__999) Unknown

61. Lateral Component of Delta V

+ - 0 0 0 Highest Nearest kmph (highest) Nearest kmph (secondary)(NOTE: __000 means greater than -0.5 kmph and
less than +0.5 kmph)

(±160) ±159.5 kmph and above

(__999) Unknown

62. Energy Absorption

0 2 0 9 0 0208/13 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

Highest

9 9 8 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)1

(0) No reconstruction

(1) Collision fits model — results appear
reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear
reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent
Speed

Highest

0 2 019.4 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? [] YES [☒] NO

IF YES: IS A COMPLETED PROGRAM SUMMARY INCLUDED? [] YES [] NO

ESTIMATED DELTA V

VEHICLE INSPECTION

66. Estimated Highest Delta V (Researcher
Determined)0

(0) Reconstruction Delta V coded

Estimated Delta V

- (1) Less than 10 kmph
- (2) \geq 10 kmph but < 25 kmph
- (3) \geq 25 kmph but < 40 kmph
- (4) \geq 40 kmph but < 55 kmph
- (5) \geq 55 kmph

Other estimates of damage severity

- (6) Minor
- (7) Moderate
- (8) Severe
- (9) Unknown

67. Type of Vehicle Inspection

3

- (0) No inspection
- (1) Vehicle fully repaired-no damage evident
- (2) Partial inspection (specify):

- (3) Complete inspection

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number <u> </u> <u> </u>	3. Vehicle Number <u> 01 </u>
2. Case Number - Stratum <u> AB </u> <u> 14 </u>	

VEHICLE IDENTIFICATION

VIN 1 F A S P 1 5 J X T W X X X X X X Model Year 96
Vehicle Make (specify): FORD Vehicle Model (specify): ESCORT

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	Q R BUMPER CORNER →		69.3

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted b. Tire deflated

RF 2
LF 2
RR 2
LR 2

RF 2
LF 2
RR 2
LR 2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase 250 cm
Overall Length 433 cm
Maximum Width 169 cm
Curb Weight 1109 kg
Average Track 143 cm
Front Overhang cm
Rear Overhang cm
Undeformed End Width 145 cm
Engine Size: cyl./displ. 1.9 L 14 L

WHEEL STEER ANGLES
(For locked front wheels or
displaced rear axles only)

RF \pm °
LF \pm °
RR \pm °
LR \pm °

Within \pm 5 degrees

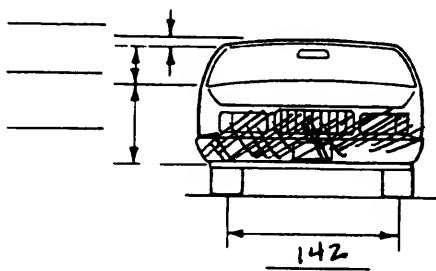
DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WD

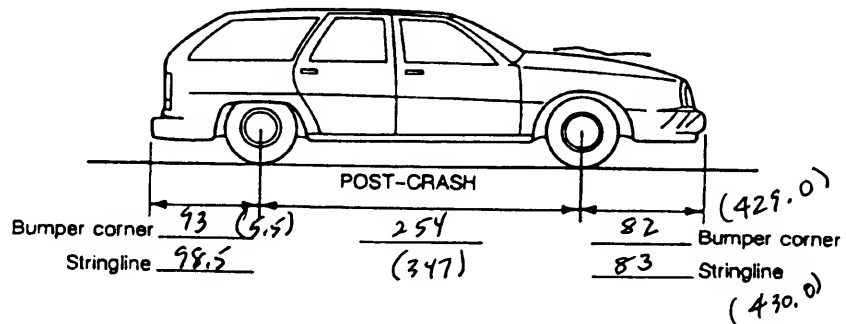
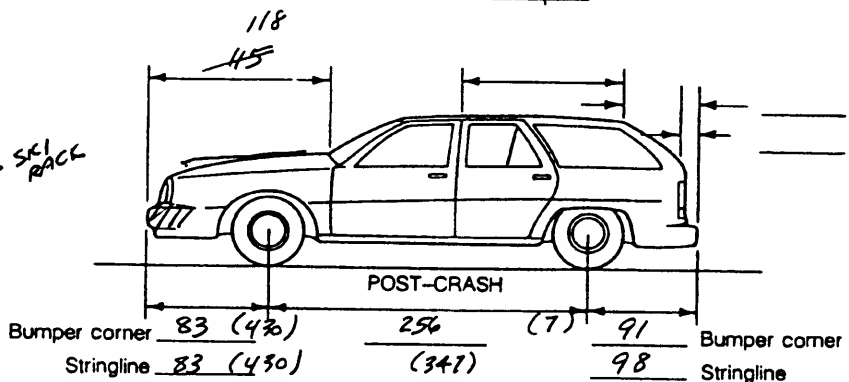
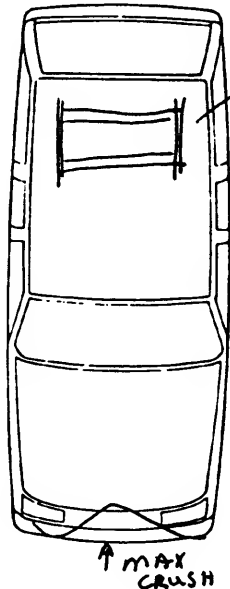
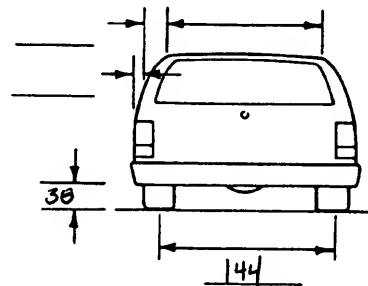
Approximate 10 LBS
Cargo Weight SKI RACK kg

MEASUREMENTS IN CENTIMETERS

VEHICLE INSPECTED USING
SPECS FOR SEDAN —
ADJUSTED ON PG 1



Original
Bumper height



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>59</u>	6. <u>12</u>	7. <u>F</u>	8. <u>Z</u>	9. <u>E</u>	10. <u>✓</u>	11. <u>02</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>145</u>	<u>000</u>	<u>003</u>	<u>017</u>	<u>023</u>	<u>007</u>	<u>000</u>	<u>⊕</u> <u>- 032</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
_____	_____	_____	_____	_____	_____	_____	<u>+</u> <u>-</u>

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 145
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (998) No highest severity end plane impact
 (999) Unknown

27. Direct Damage Width
(For highest severity impact) 081
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (999) Unknown

28. Original Wheelbase
 _____ Code to the nearest centimeter 254
 (650) 650 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

29. Original Average Track Width
 _____ Code to the nearest centimeter 143
 (185) 185 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

FUEL SYSTEM

30. Are CDCs Documented but Not Coded on The Automated File? φ
 (0) No
 (1) Yes
31. Researcher's Assessment of Vehicle Disposition 1
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? φ
 (0) No post manufacturer modifications
 (1) Yes - post manufacturer modifications (specify): _____

 (Include photograph of CERTIFICATION PLACARD in case report)
 (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence φ
 (0) No fire
 Yes, fire occurred
 (1) Minor
 (2) Major
 (9) Unknown
34. Origin of Fire φ
 (0) No fire
 (1) Vehicle exterior (front, side, back, top)
 (2) Exhaust system
 (3) Fuel tank (and other fuel retention system parts)
 (4) Engine compartment
 (5) Cargo/trunk compartment
 (6) Instrument panel
 (7) Passenger compartment area
 (8) Other location (specify): _____
 (9) Unknown

35. Location of Fuel Tank-1 Filler Cap 2
36. Location of Fuel Tank-2 Filler Cap φ
 (0) No fuel tank
 (1) On back plane
 (2) Aft of center of the rear wheels (rear axle) on left side plane
 (3) Aft of center of the rear wheels (rear axle) on right side plane
 (4) Forward of center of the rear wheels (rear axle) on left side plane
 (5) Forward of center of the rear wheels (rear axle) on right side plane
 (6) Over the center of the rear wheels (rear axle) on left side plane
 (7) Over the center of the rear wheels (rear axle) on right side plane
 (8) Other (specify): _____
 (9) Unknown
37. Type of Fuel Tank-1 1
38. Type of Fuel Tank-2 φ
 (0) No fuel tank (electrical vehicle)
 (1) Metallic
 (2) Non-metallic
 (9) Unknown
39. Location of Fuel Tank-1 4
40. Location of Fuel Tank-2 φ
 (0) No fuel tank
 (1) Aft of center of the rear wheels (rear axle) centered
 (2) Aft of center of the rear wheels (rear axle) left side
 (3) Aft of center of the rear wheels (rear axle) right side
 (4) Forward of center of the rear wheels (rear axle) centered
 (5) Forward of center of the rear wheels (rear axle) left side
 (6) Forward of center of the rear wheels (rear axle) right side
 (7) Over center of the rear wheels (rear axle)
 (8) Other (specify): _____
 (9) Unknown
41. Damage to Fuel Tank-1 1
42. Damage to Fuel Tank-2 φ
 (0) No fuel tank
 (1) No damage to fuel tank
 (2) Deformed, no seam failure
 (3) Deformed, with a seam failure
 (4) Punctured
 (5) Lacerated (ripped)
 (6) Abraded (scraped)
 (7) Filler neck separation from the fuel tank
 (8) Other damage (specify): _____
 (9) Unknown

<p>43. Leakage Location of Fuel System-1 <u>1</u></p> <p>44. Leakage Location of Fuel System-2 <u>Φ</u></p> <p style="margin-left: 20px;">(0) No fuel tank (1) No fuel leakage</p> <p><i>Primary Area Of Leakage</i></p> <p style="margin-left: 20px;">(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____ (9) Unknown</p> <p>45. Fuel Type-1 <u>Φ 1</u></p> <p>46. Fuel Type-2 <u>Φ Φ</u></p> <p><i>Single Fuel Type</i></p> <p style="margin-left: 20px;">(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p style="margin-left: 20px;">(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p style="margin-left: 20px;">(98) Other Hybrid (specify): _____</p> <p style="margin-left: 20px;">(99) Unknown fuel type</p>	<p>47. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>Φ</u></p> <p style="margin-left: 20px;">(0) No (one or two tanks only)</p> <p><i>Yes - More Than Two Tanks</i></p> <p style="margin-left: 20px;">(1) Yes – <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u> (2) Yes – <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____ (3) Yes – <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____ (9) Unknown if more than two tanks</p>
<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">COMMENTS</div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum A B 1 4 3. Vehicle Number Φ 1

INTEGRITY

4. Passenger Compartment Integrity Φ Φ

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify): _____

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF / 6. RF / 7. LR / 8. RR / 9. TG/H /

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify): _____

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch
Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø10. LF Φ 11. RF Φ 12. LR Φ 13. RR Φ 14. TG/H Φ

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail,
etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify): _____

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2 20. BL 2 21. Roof Φ 22. Other 2

(0) No glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted (original)

(4) AS-2 — Tempered-with after market tint

(5) AS-3 — Tempered-tinted (with additional after market tint)

(6) AS-14 — Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify): _____

(9) Unknown

Window Precrash Glazing Status

23. WS / 24. LF 2 25. RF 2 26. LR 2 27. RR 2 28. BL / 29. Roof Φ 30. Other /

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF / 33. RF / 34. LR / 35. RR / 36. BL / 37. Roof Φ 38. Other /

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact
forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS / 40. LF / 41. RF / 42. LR / 43. RR / 44. BL / 45. Roof Φ 46. Other /

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant
contact and not holed by occupant contact(6) Glazing out-of-place by occupant contact and holed by occupant
contact

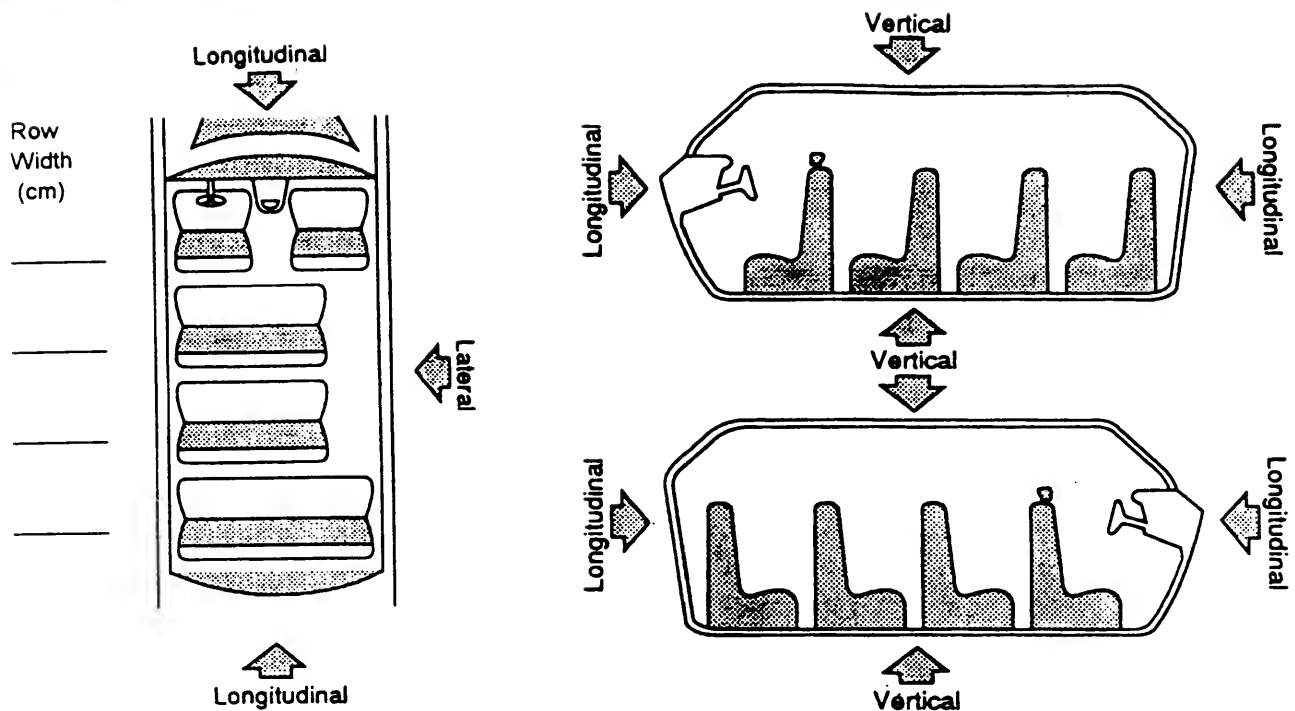
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=		
		—		=		
		—		=		
		—		=		
		—		=		
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		—		=		

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

LOCATION OF INTRUSION

Front Seat

- (11) Left
- (12) Middle
- (13) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____

(99) Unknown

Third Seat

- (31) Left
- (32) Middle
- (33) Right

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN

87. Steering Column Type 1

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment 0

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment 0

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation 0 0

- _____ Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 0 0

- (00) No steering rim deformation

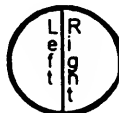
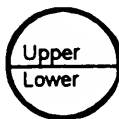
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL

92. Odometer Reading 0 2 7,000

- _____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown
16 967 miles X 1.6093 = 27 345 kilometers

Source: VEH. INSPECTION93. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering 2

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

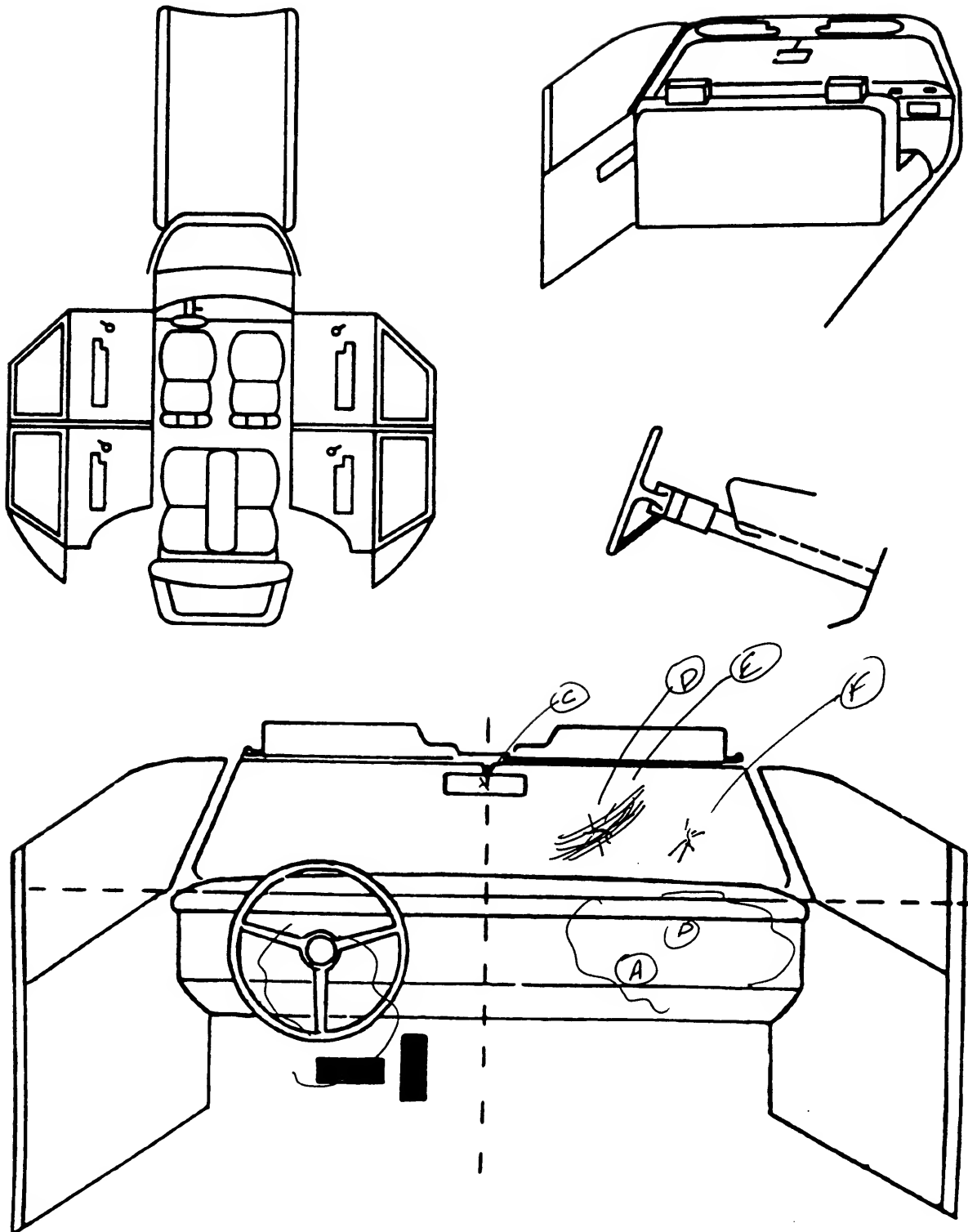
97. Adaptive (Assistive) Driving Equipment 0

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	413	02	KNEE	CLOTH TRANSFER	1
B	180	02	FACE	BLOOD	3
C	042	02	L. HAND	CRACKED	2
D	001	02	"	SMEAR/CRACKED	2
E	001	02	"	"	2
F	001	03	HEAD	CRACK	2
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	3	/	3
	Evidence of usage	φ 3	/	φ 3
	Used in this crash?	φ 3	/	φ φ
	Proper Use	1	/	φ
	Failure Modes	1	/	φ
	Anchorage Adjustment	φ	/	φ
SECOND	Availability	4	3	4
	Evidence of usage	φ 4	φ 3	φ 4
	Used in this crash?	φ	φ	φ
	Proper Use	φ	φ	φ
	Failure Modes	φ	φ	φ
	Anchorage Adjustment	1	φ	1
OTHER	Availability	/	/	/
	Evidence of usage	/	/	/
	Used in this crash?	/	/	/
	Proper Use	/	/	/
	Failure Modes	/	/	/
	Anchorage Adjustment	/	/	/

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
F I R S T	Availability/Function	/	/	/
	Deployment	/	/	/
	Failure	/	/	/

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

Frontal Air Bag System Deployment (This Occupant Position)

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

(0) Not equipped with an "other" air bag

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, details unknown

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	/	/
	Use	/	/
	Type	2	2
	Proper Use	/	/
	Failure Modes	/	/

Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data **for the driver and first seat passenger** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	1	1
Flaps open at tear points?	2	2
Flaps damaged?	1	1
Air bag damaged?	01	01
Source of air bag damage	01	01
Air bag tethered?	2, 2	1, 0
Air bag have vent ports?	2, 2	2, 2
Other occupant contact air bag?	1	2
Occupant wearing eyewear?	4	4

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

(95) Damaged, unknown source

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):

(3) Deployed, unknown if tethered

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):

(3) Deployed, unknown if vent ports present

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

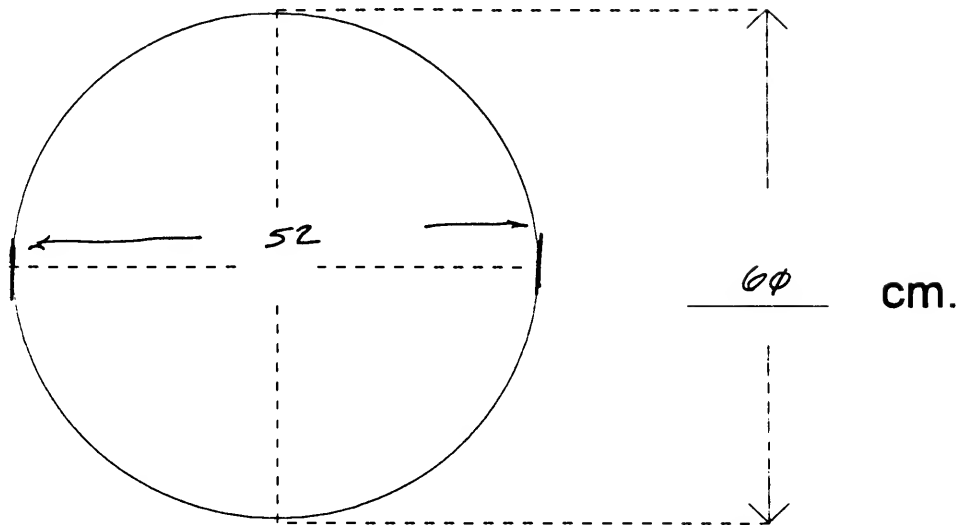
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
CHILD
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

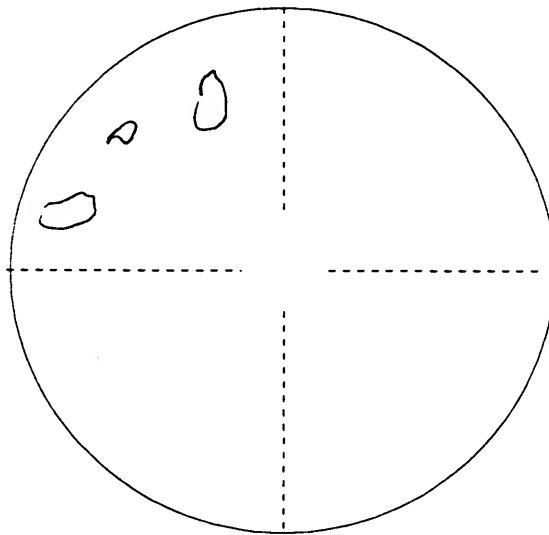
DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



10 FOLDS IN FRONT
6.5 CM APART

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



2 FOLDS IN BACK
6.5 CM APART

DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

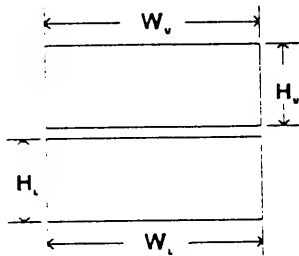
width (W_U) 24

height (H_U) 10

b. Lower Flap

width (W_L) 19

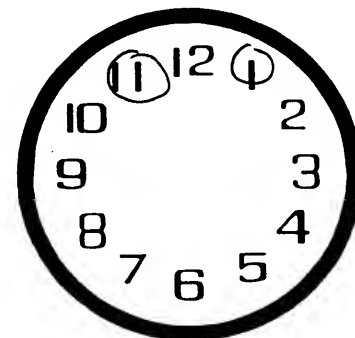
height (H_L) 6



4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

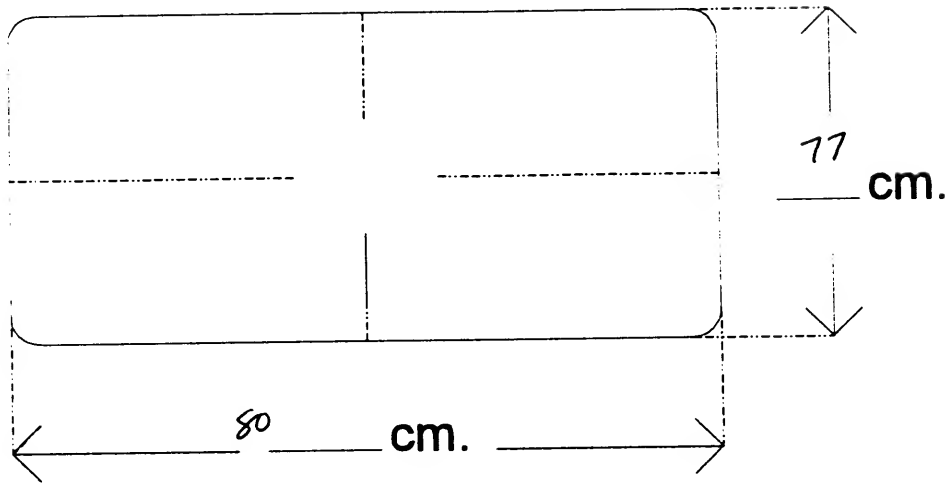
5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

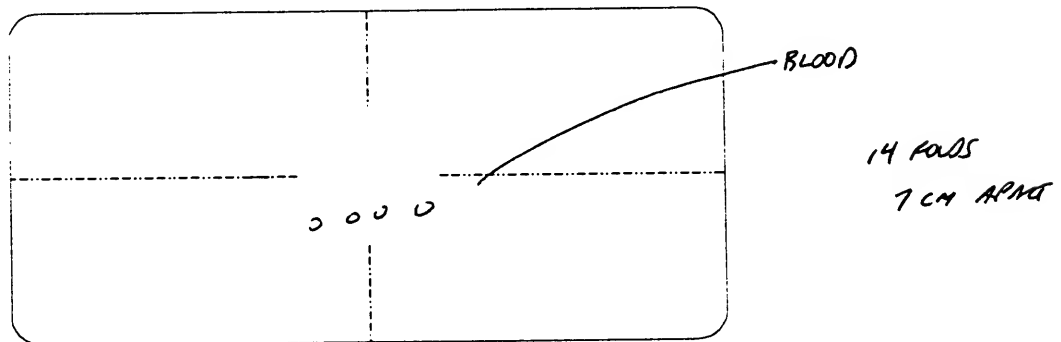


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



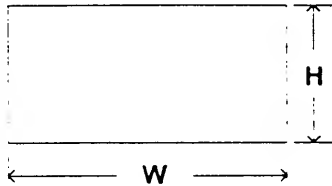
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) 32

height (H) 16.5



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

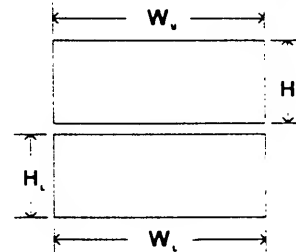
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

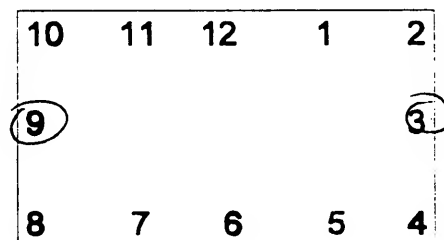
height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

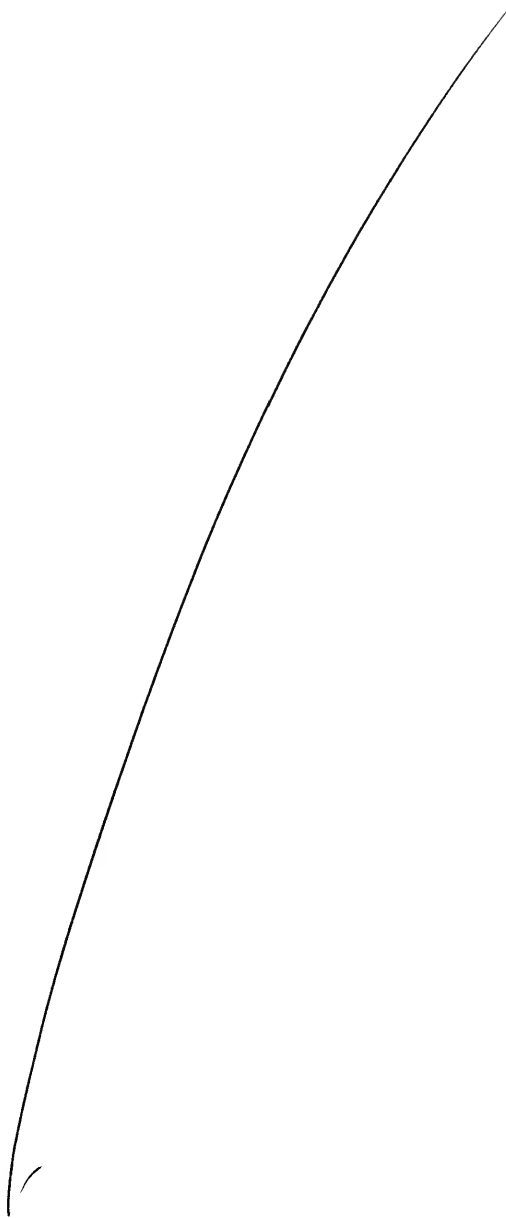
1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS



HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	/	3
	Seat Type	41	/	41
	Seat Performance	1	/	1
	Seat Orientation	6	/	4
	Seat Track Position	14	/	14
	Seat Back Incline Pre/Post Impact	1	/	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	01	01	01
	Seat Back Incline Pre/Post Impact	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify: _____
- (9) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

Seat Type (this Occupant Position)

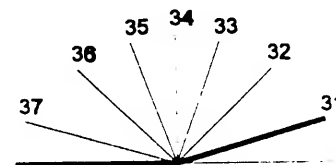
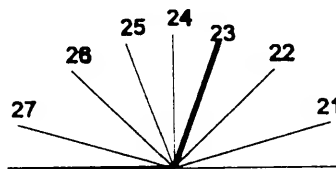
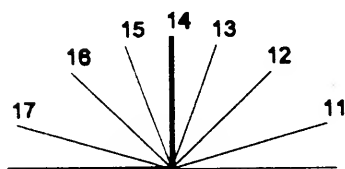
- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
 - (1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
 - (3) Seat between forward most and middle track positions
 - (4) Seat at middle track position
 - (5) Seat between middle and rear most track positions
 - (6) Seat at rear most track position
 - (9) Unknown



Coding diagrams for Seat Back Incline Position Prior and Post Impact

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	03					
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

-
- (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

-
- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

-
- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

-
- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

National Highway Traffic Safety
AdministrationNATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

70 inches X 2.54 = 178 centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

210 pounds X .4536 = 95 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of
seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection Φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area Φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium Φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) Φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment Φ

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____

(9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>3</u></p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i> (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): (9) Unknown</p>	<p>22. Shoulder Belt Upper Anchorage Adjustment <u>1</u></p> <p>(0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i> (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment</p>
<p>19. Manual (Active) Belt System Use <u>3</u></p> <p>(00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used</p>	<p>23. Automatic (Passive) Belt System Availability/Function <u>1</u></p> <p>(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i> (4) Automatic belts destroyed or rendered inoperative (9) Unknown</p>
<p>20. Proper Use of Manual (Active) Belts <u>1</u></p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i> (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown</p>	<p>24. Automatic (Passive) Belt System Use <u>1</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown</p>
<p>21. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify): (9) Unknown</p>	<p>25. Automatic (Passive) Belt System Type <u>2</u></p> <p>(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p>
	<p>26. Proper Use of Automatic (Passive) Belt System <u>1</u></p> <p>(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i> (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown</p>
	<p>27. Automatic (Passive) Belt Failure Modes During Accident <u>1</u></p> <p>(0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown</p>

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 5

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [] Vehicle inspection
 [] Official injury data
 [✓] Driver/occupant interview
 [] Other (specify):

[] Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

- (This Occupant Position)
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0 2 0

- (-000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(-996) Deployment, unknown longitudinal Delta V
(-997) Not deployed
(-998) Unknown if deployed
(-999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage Φ 1
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps): 2

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports): 2

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 4
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) Φ 1
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 6
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 14

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

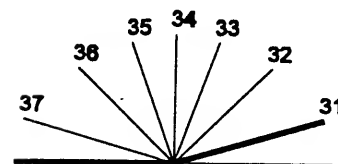
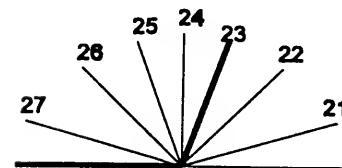
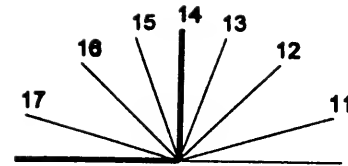
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model Φ Φ Φ
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat Φ
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):
 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation Φ Φ
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage Φ Φ

59. Child Safety Seat Shield Usage Φ Φ

60. Child Safety Seat Tether Usage Φ Φ

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)** φ

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality φ

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) φ

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay φ φ

(00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

(61) 61 days or more

(99) Unknown

65. Working Days Lost φ φ

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident

(00) No working days lost

(61) 61 days or more

(62) Fatally injured

(97) Not working prior to accident

(99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**

66. Time to Death 4 0
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown
67. 1st Medically Reported Cause of Death 0 0
68. 2nd Medically Reported Cause of Death 0 0
69. 3rd Medically Reported Cause of Death 0 0
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____
 (97) Other result (includes fatal ruled disease) (specify): _____
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 0 0
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

TRAUMA DATA

71. Glasgow Coma Scale (GCS) Score 0 0
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO₃ 0 0
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 3
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

National Highway Traffic Safety
AdministrationNATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

66 inches X 2.54 = 168 centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

184 pounds X .4536 = 82 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of
seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment φ

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____

(9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use Φ Φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts Φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm

(4) Shoulder belt worn behind back or seat

(5) Belt worn around more than one person

(6) Lap belt worn on abdomen

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident Φ

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

(2) In full up position

(3) In mid position

(4) In full down position

(5) Position unknown

(9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 1

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

24. Automatic (Passive) Belt System Use 1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 2

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 1

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 1

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 5

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function /

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☐ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) /

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) φ

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

(0) Not equipped/not available

(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)

(3) One previous accident with deployment

(4) More than one previous accident with at least one deployment

(8) Previous accidents, unknown deployment status

(9) Unknown

36. Type of Air Bag 1

(0) Not equipped/not available

(1) Original manufacturer installed system

(2) Retrofitted air bag

(3) Replacement air bag

(8) Unknown type of air bag

(9) Unknown

37. Had Any Prior Maintenance/Service
Been Performed On This Air Bag System? 1

(0) Not equipped/not available

(1) No prior maintenance

(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event
Sequence Number 01

(00) Not equipped/not available

Code the accident event sequence number
that initiated the air bag deployment

(96) Deployed, unknown event

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

39. CDC For Air Bag Deployment Impact 1

(0) Not equipped/not available

(1) Highest delta V

(2) Second highest delta V

(3) Other non-coded delta V (specify): _____

(6) Deployed, unknown event

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

40. Longitudinal Component of
Delta V For Air Bag + 0 0 2 0

Deployment Impact

(-000) Not equipped/not available

Code the value of the delta V for the impact
that initiated the air bag deployment

(-996) Deployment, unknown longitudinal Delta V

(-997) Not deployed

(-998) Unknown if deployed

(-999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At
Designated Tear Points? 2

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at
designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(3) Deployed, unknown if air bag module cover
flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag? 01

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify): _____

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 01

- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

- (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered? 1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

- (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 2

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports): 2

- (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 2

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): occ #3

- (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 4

- (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) 01

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 4

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 14

(00) Occupant not seated or no seat

(01) Not adjustable

Upright prior to impact

(11) Moved to completely rearward position

(12) Moved to rearward midrange position

(13) Moved to slightly rearward position

(14) Retained pre-impact position

(15) Moved to slightly forward position

(16) Moved to forward midrange position

(17) Moved to completely forward position

Slightly reclined prior to impact

(21) Moved to completely rearward position

(22) Moved to rearward midrange position

(23) Retained pre-impact position

(24) Moved to upright position

(25) Moved to slightly forward position

(26) Moved to forward midrange position

(27) Moved to completely forward position

Completely reclined prior to impact

(31) Retained pre-impact position

(32) Moved to rearward midrange position

(33) Moved to slightly rearward position

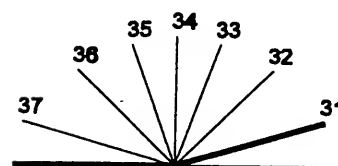
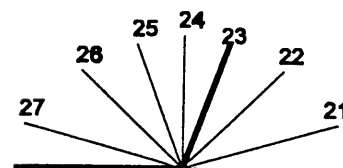
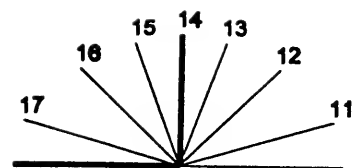
(34) Moved to upright position

(35) Moved to slightly forward position

(36) Moved to forward midrange position

(37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) 1

(0) Occupant not seated or no seat

(1) No seat performance failure(s)

(2) Seat adjusters failed

(3) Seat back folding locks or "seat back" failed
(specify): _____

(4) Seat track/anchors failed

(5) Deformed by impact of occupant

(6) Deformed by passenger compartment intrusion,
(specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage φ φ59. Child Safety Seat Shield Usage φ φ60. Child Safety Seat Tether Usage φ φNote: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**φ

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortalityφ

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)φ

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stayφ φ

- (00) Not Hospitalized
_____ Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost97

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**

66. Time to Death φ φ
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown
67. 1st Medically Reported Cause of Death φ φ
68. 2nd Medically Reported Cause of Death φ φ
69. 3rd Medically Reported Cause of Death φ φ
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____
 (97) Other result (includes fatal ruled disease) (specify): _____
 (99) Unknown
70. Number of Recorded Injuries for This Occupant φ φ
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

TRAUMA DATA

71. Glasgow Coma Scale (GCS) Score φ φ
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
72. Was the Occupant Given Blood? φ
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO₃ φ φ
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 3
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

National Highway Traffic Safety
AdministrationNATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum AB 143. Vehicle Number 014. Occupant Number 03**OCCUPANT'S CHARACTERISTICS**5. Occupant's Age 00

Code actual age at time of accident.

(00) Less than one year old (specify by month):
7

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 070Code actual height to the nearest
centimeter.

(999) Unknown

_____ inches X 2.54 = 070 centimeters8. Occupant's Weight 008Code actual weight to the nearest
kilogram.

(999) Unknown

_____ pounds X .4536 = 008 kilograms9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING10. Occupant's Seat Position 15*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture 8

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of
seat(8) Other abnormal posture (specify):
ON LAP OF OCC. 2

(9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection

φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

φ

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____

(9) Unknown

17. Occupant Mobility

1

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability φ

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment φ

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use φ

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function /

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [x] Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):

[] Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function φ

- (This Occupant Position)
 (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) φ

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function φ

- (This Occupant Position)
 (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) φ

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? φ

- (This Occupant Position)
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (9) Unknown

SEE P. 0A52, PARA. 4, 4.5 SENTENCE

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION *continued*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage φ φ
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? φ
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? φ
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? φ
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? φ
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position φ
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) φ φ
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. Seat Orientation (this Occupant Position) φ
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact φ
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

BEST AVAILABLE

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact φ φ

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

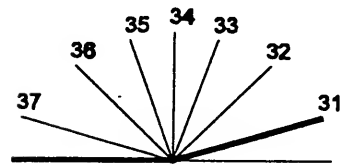
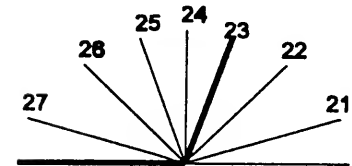
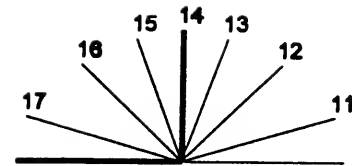
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) φ

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion,
 (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model

φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat

φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation

φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage

φ φ

59. Child Safety Seat Shield Usage

φ φ

60. Child Safety Seat Tether Usage

φ φNote: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay44

(00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost97

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**

66. Time to Death φ φ
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

67. 1st Medically Reported Cause of Death φ φ

68. 2nd Medically Reported Cause of Death φ φ

69. 3rd Medically Reported Cause of Death φ φ
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____

(97) Other result (includes fatal ruled disease) (specify): _____

(99) Unknown _____

70. Number of Recorded Injuries for This Occupant φ 3
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

TRAUMA DATA

71. Glasgow Coma Scale (GCS) Score 0 2
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood? 2
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 0 1
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination φ
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum	4. Occupant Number
AB 14	01 03

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
1st	5. 2	6. 1	7. 4	8. 06	9. 54	10. 5	11. 6	12. 041	13. 2	14. 1	15. 04
2nd	16. 2	17. 1	18. 5	19. 04	20. 04	21. 3	22. 5	23. 041	24. 2	25. 1	26. 04
3rd	27. 2	28. 1	29. 2	30. 24	31. 02	32. 2	33. 9	34. 697	35. 9	36. 7	37. 04
4th	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.
5th	49.	50.	51.	52.	53.	54.	55.	56.	57.	58.	59.
6th	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.
7th	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.
8th	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.
9th	93.	94.	95.	96.	97.	98.	99.	100.	101.	102.	103.
10th	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.

OCCUPANT INJURY DATA

[illegible]

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity	The exceptions to this rule apply to:	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(8) Inferior
(9) Unspecified			(9) Unknown
	<u>Whole Area</u>		(0) Whole region
Type of Anatomic Structure	(02) Skin - Abrasion		
(1) Whole Area	(04) Skin - Contusion		
(2) Vessels	(06) Skin - Laceration		
(3) Nerves	(08) Skin - Avulsion		
(4) Organs (includes Muscles/ligaments)	(10) Amputation		
(5) Skeletal (includes joints)	(20) Burn		
(6) Head - LOC	(30) Crush		
(9) Skin	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

SOURCE OF INJURY DATA

INJURY SOURCE
CONFIDENCE LEVEL

DIRECT/INDIRECT INJURY

- OFFICIAL RECORDS
- (1) Autopsy records with or without hospital/medical records
 - (2) Hospital/medical records other than emergency room (e.g., discharge summary)
 - (3) Emergency room records only (including associated X-rays or other lab reports)
 - (4) Private physician, walk-in or emergency clinic

- UNOFFICIAL RECORDS
- (5) Lay coroner report
 - (6) E.M.S. personnel
 - (7) Interviewee
 - (8) Other source (specify): _____
 - (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):
- (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify)
- (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify):
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

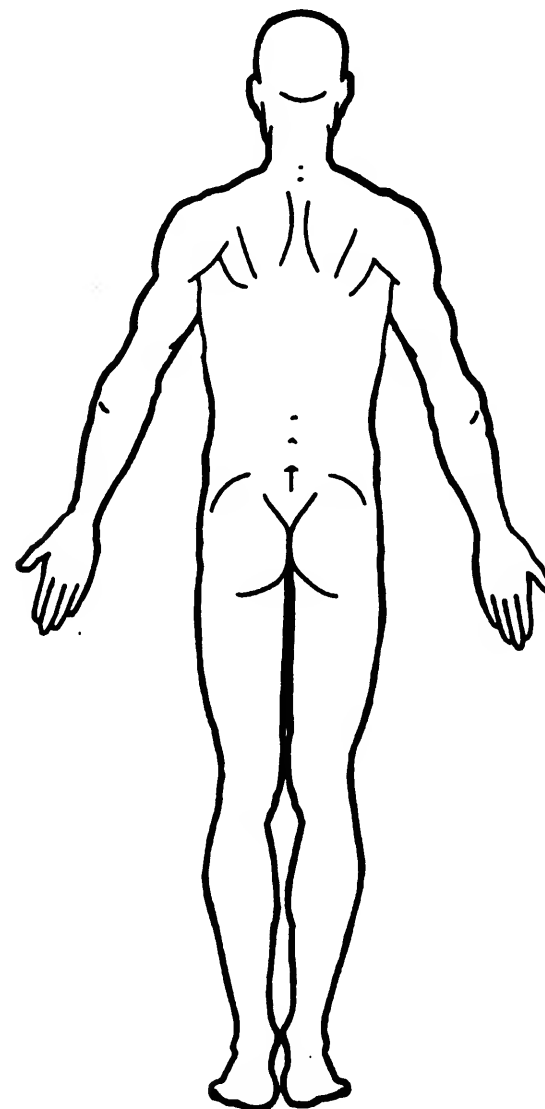
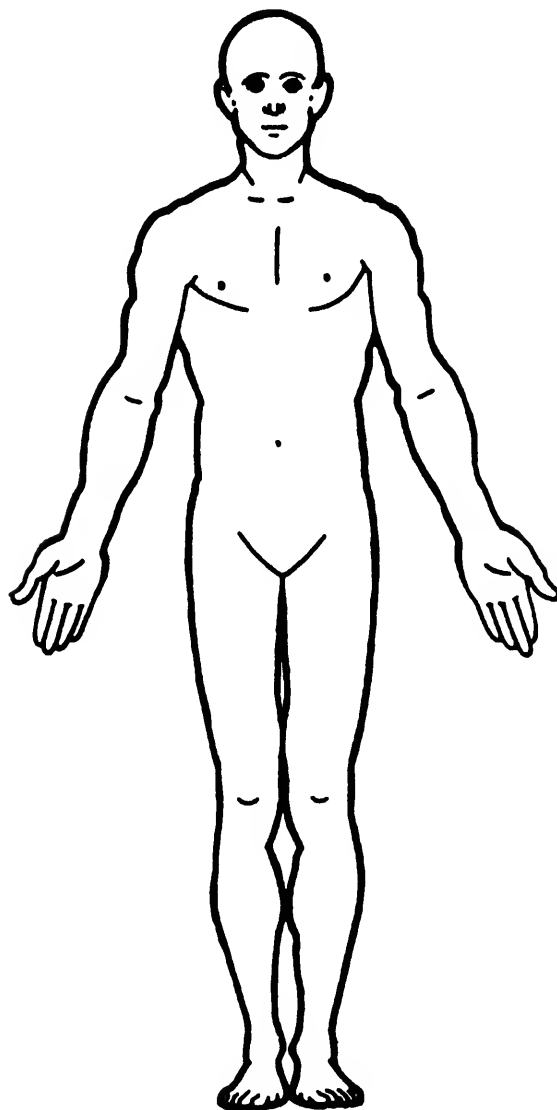
Arterial Blood Gases

pH = ___

PO₂ = ___

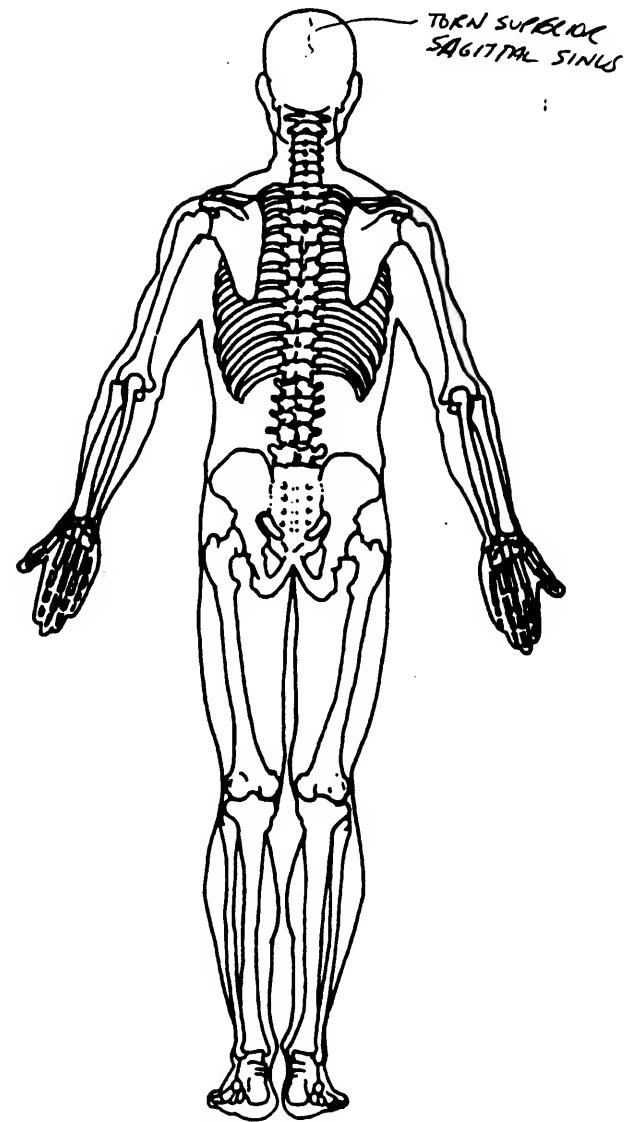
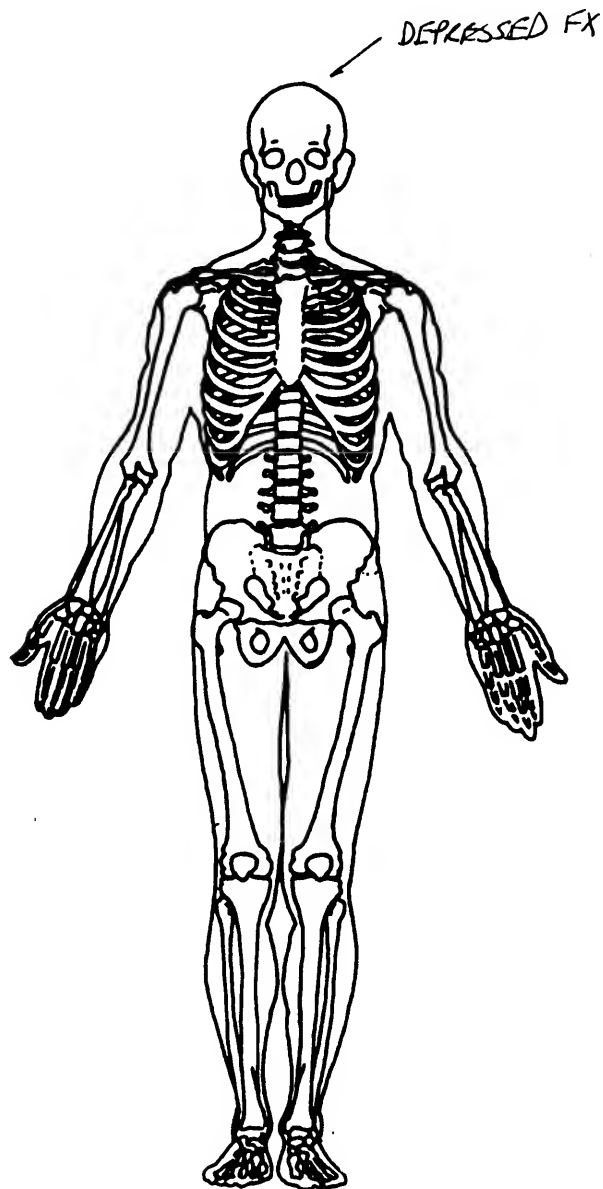
PCO₂ = ___

HCO₃ = ___



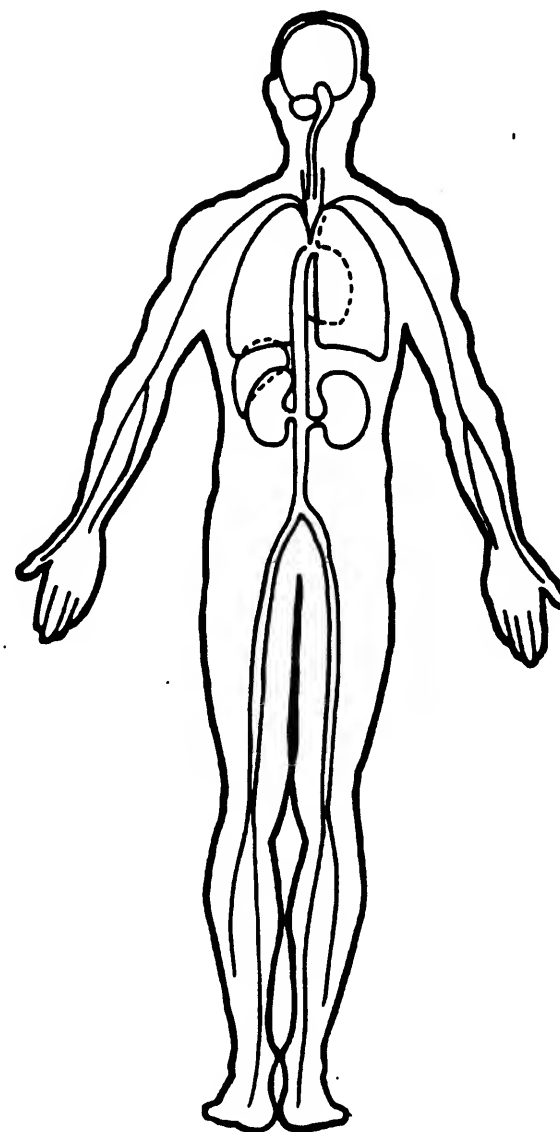
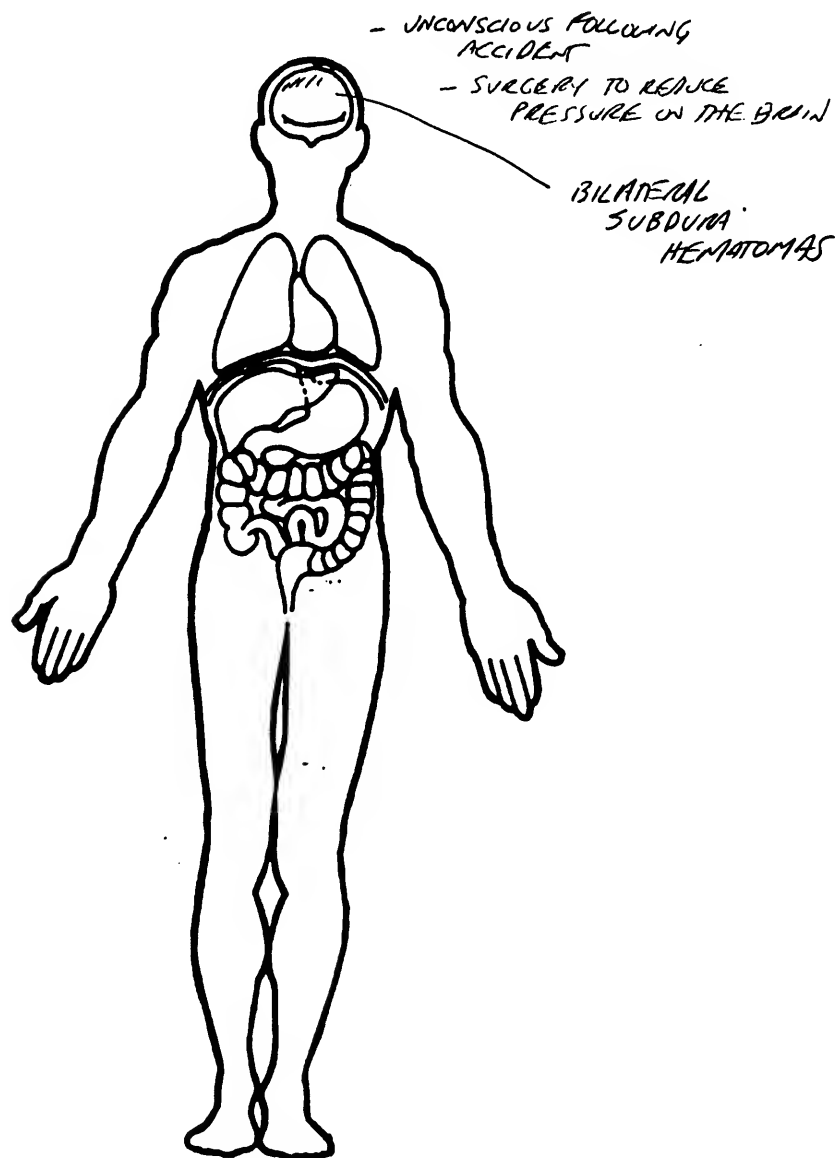
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



1997

Page 1

Summary of Results Using Damage

96-AB-14

Speed Change
(Damage)

Vehicle #1
 Total 20 km/h (12 mph)
 Longitudinal -20 km/h (-12 mph)
 Latitudinal 0 km/h (0 mph)
 PDOF Angle 0 °
 Energy Dissipated = 20873 Joules (15393 Ft-Lb)
 Barrier Equivalent Speed = 19.6 km/h (12.2 mph)
 Calculated using size and stiffness categories.

Vehicle #2
 Total 0 km/h (0 mph)
 Longitudinal 0 km/h (0 mph)
 Latitudinal 0 km/h (0 mph)
 PDOF Angle 0 °
 Energy Dissipated = 0 Joules (0 Ft-Lb)
 Barrier Equivalent Speed = 0.0 km/h (0.0 mph)
 Calculated using size and stiffness categories.

General Information

	Vehicle #1	Vehicle #2
Year	1996	1900
Make	Ford	
Model	Escort	
CDC	12FZEW2	BARRIER
Side Damaged	F	
PDOF Angle	0 °	0 °
Heading Angle	0 °	0 °

Calculation method:	Size and Stiffness	Size and Stiffness
Size Category	1	11
Stiffness Category	9	11
Vehicle Weight	1293 kgs (2851 lbs)	453592 kgs (999999 lbs)

Damage Information

	Vehicle #1	Vehicle #2
Vehicle Damage Known	Yes	Yes
Crush Length	145.0 cm (57 in)	0.0 cm (0 in)
C1	0.0 cm (0 in)	0.0 cm (0 in)
C2	3.0 cm (1 in)	0.0 cm (0 in)
C3	16.5 cm (6 in)	0.0 cm (0 in)
C4	23.0 cm (9 in)	0.0 cm (0 in)
C5	6.5 cm (3 in)	0.0 cm (0 in)
C6	0.0 cm (0 in)	0.0 cm (0 in)
D	32.0 cm (13 in)	0.0 cm (0 in)
D'	37.0 cm (15 in)	0.0 cm (0 in)

Vehicle Dimensions

	Vehicle #1	Vehicle #2
Length	433.0 cm (170 in)	0.0 cm (0 in)
Width	169.0 cm (67 in)	0.0 cm (0 in)
Wheelbase	250.0 cm (98 in)	254.0 cm (100 in)
Weight	1293 kgs (2851 lbs)	453592 kgs (999999 lbs)
CG to Front of Veh	193.0 cm (76 in)	127.0 cm (50 in)
Engine Displacement	0.0 liters	0.0 liters
Moment of Inertia	219014 kgs (19385 lbs)	29375740821 kgs (2600101632 lbs)
Vehicle Mass	1293 kgs (7.4 lb-s ² /in)	453515 kgs (2600.1 lb-s ² /in)